AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

The Patient-Centered Medical Home's Impact on Cost and Quality: Annual Review of Evidence 2014-2015
Nielsen M, Buelt L, Patel K, Nichols LM
Washington DC: Patient-Centered Primary Care Collaborative; 2016.

URL	https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015
Notes	The (US) Patient-Centered Primary Care Collaborative has released this evidence report examining the effectiveness of the patient-centred medical home (PCMH) concept in the USA. This fifth annual report highlights studies of 30 primary care PCMH initiatives published in 2014–15 that measured cost and utilization of service—and analyses the findings. The report covers 30 publications that "point to a clear trend showing that the medical **home drives reductions in health care costs and/or unnecessary utilization**, such as emergency department (ED) visits, inpatient hospitalizations and hospital readmissions." 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/

Patient-Centered Primary Care COLLABORATIVE

What Is a Patient-Centered Medical Home (PCMH)?

It's not a place… It's a partnership with your primary care provider.

PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.

Your **primary care team** is focused on getting to know you and earning your trust. They care about you while caring for you.

Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

As you pursue your health care journey, you may make stops at different places:

Wherever your journey takes you, your **primary care team** will help guide the way and coordinate your care.

A Patient-Centered Medical Home is the right care at the right time. It offers:

Personalized care plans you help design that address your health concerns.

Medication review to help you understand and monitor the prescriptions you're taking.

Coaching and advice to help you follow your care plan and meet your goals.

Connection to **support and encouragement** from peers in your community who share similar health issues and experiences.

Studies show that the PCMH:

Provides better **support** and **communication**

Creates **stronger relationships** with your providers

Saves you **time**

To learn more about the PCMH, visit **www.pcpcc.org**

Journal articles

'Please don't call me Mister': patient preferences of how they are addressed and their knowledge of their treating medical team in an Australian hospital
Parsons SR, Hughes AJ, Friedman ND
BMJ Open. 2016 January 1, 2016;6(1).

DOI	http://dx.doi.org/10.1136/bmjopen-2015-008473
Notes	Knowing and being known are critical aspects of a relationship. But it seems our medical 'relationships' may lack this connection. This paper reports on an Australian study looking into how 300 patients at regional hospital preferred to be referred to and how well they knew the names of their clinicians. In this sample of mostly older patients of Anglo-Saxon background in an Australian regional teaching hospital, more than **99% of patients preferred informal address** with more than a third preferring to be called someone other than their legal first name. Nearly **60% could not correctly name a single member of their attending medical team**. As is so often the case, context matters. In this case, the context is the greater societal setting, particularly that of the patient (and not necessarily the same as the health worker). The authors suggest that patients could be given "an information sheet or card on admission that defines the attending medical team members name and role, and wearing a name badge in a visible location could improve patients' ability to recall names and create a greater sense of familiarity with their treating team." This reminds one of the 'Hello my name is' campaign that originated in the UK. It may be that health care workers could routinely ask patients their names (as they often do as part of patient identification routines), the preferred name and record this information.

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/

For information on the Commission's work on clinical communications, see http://www.safetyandquality.gov.au/our-work/clinical-communications/

The evolution of healthcare quality measurement in the United States
Burstin H, Leatherman S, Goldmann D
Journal of Internal Medicine. 2016;279(2):154-9.

DOI	http://dx.doi.org/10.1111/joim.12471
Notes	Overview piece that describes the history, current state and possible future of the measurement of health quality, with a focus on the USA. The experience elsewhere, including Australia, is not vastly dissimilar. The assertion that **quality measurement (and feedback) is fundamental to systematic improvement** of the healthcare system is reasonably well-accepted; but how to do that and what data to use is more debated. The authors also touch on current and possible developments, noting that "Newly developed measures are increasingly taking advantage of the best data available for measurement, creating hybrid measures of clinical data from electronic health records, clinical registries and claims. This is an important step away from the historical US reliance on billing data that may fail to capture clinically relevant and patient-centred information." But they also caution that "greater attention needs to be given to the development of **measures that matter**."

New approaches to evaluating complex health and care systems
Lamont T, Barber N, de Pury J, Fulop N, Garfield-Birkbeck S, Lilford R, et al.
BMJ. 2016;352:i154.

Patient safety and rocket science
McCulloch P
BMJ Quality & Safety. 2016 [epub].

DOI	Lamont et al http://dx.doi.org/10.1136/bmj.i154 McCulloch http://qualitysafety.bmj.com/content/early/2016/02/03/bmjqs-2015-004863.short
Notes	Evaluation is a key, but often overlooked, part of improving any system. The authors quote Mark Twain's aphorism "Supposing is good, but finding out is better" before proceeding to describe a range of approaches to evaluation that could be considered when evaluating healthcare services, particularly complex changes such as models of care. As the authors observe, "Without the right evaluation, it is difficult to know which innovations are worth adopting. The scale of opportunity and real costs of implementing untested innovations and ignoring lessons learnt elsewhere are substantial." Peter McCulloch, in an editorial relating to a study looking at Crew Resource Management, observed a number of "areas of complexity and challenge in thedevelopment and evaluation of safety interventions". These included that "the interventions themselves are **deceptively complex**"; "the **success** of even 'simple' interventions …hugely **depends on the context and the implementation strategy**"; and "the act of **evaluation is far more difficult** than it might first appear."

Impact of pharmacist involvement in the transitional care of high-risk patients through medication reconciliation, medication education, and postdischarge call-backs (IPITCH Study)
Phatak A, Prusi R, Ward B, Hansen LO, Williams MV, Vetter E, et al.
Journal of Hospital Medicine. 2016;11(1):39-44.

DOI	http://dx.doi.org/10.1002/jhm.2493
Notes	This study adds to the literature on a number of issues including the role of pharmacists and the process of medication reconciliation in enhancing safety (and quality) at points of transition. The study reported was a prospective, randomised, single-period longitudinal study conducted from November 2012 to June 2013 at a US urban, tertiary, teaching hospital. Patients admitted to 2 internal medicine units on high-risk medications or with greater than 3 prescription medications upon discharge were included for randomisation. The control group of (141) patients received the usual hospital standard of care while the study group (137 patients) received face-to-face medication reconciliation, a patient-specific pharmaceutical care plan, discharge counselling, and post-discharge phone calls on days 3, 14, and 30. The authors report that 55 patients (39%) in the control arm experienced an inpatient readmission or emergency department (ED) visit within 30-days post-discharge compared to 34 patients (24.8%) in the study arm ($P = 0.01$). Eighteen patients (12.8%) in the control group experienced an adverse drug event or medication error compared to 11 patients (8%) in the study group ($P > 0.05$). the authors conclude that "**pharmacist involvement** in hospital discharge transitions of care had a **positive impact** on decreasing composite inpatient readmissions and ED visits".

For information on the Commission's work on medication safety, including medication reconciliation, see http://www.safetyandquality.gov.au/our-work/medication-safety/

Is health workforce planning recognising the dynamic interplay between health literacy at an individual, organisation and system level?
Naccarella L, Wraight B, Gorman D
Australian Health Review. 2016;40(1):33-5.

DOI	http://dx.doi.org/10.1071/AH14192
Notes	There is consistent evidence of associations between individual health literacy, health behaviours and health outcomes. This article questions if health literacy at a patient, organisation and system level is being recognised in health workforce planning. The Commission's publication *Health literacy: Taking action to improve safety and quality* is referenced alongside other health literacy initiatives. The article argues that its growing importance requires funders, planners, educators and regulators to connect with policies that aim to improve health literacy (in individuals, the workforce and organisations).

For information on the Commission's work on health literacy, including the *National Statement on Health Literacy* and *Health Literacy: Taking Action to Improve Safety and Quality*, see http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/

How might health services capture patient-reported safety concerns in a hospital setting? An exploratory pilot study of three mechanisms
O'Hara JK, Armitage G, Reynolds C, Coulson C, Thorp L, Din I, et al.
BMJ Quality & Safety. 2016 [epub].

DOI	http://qualitysafety.bmj.com/content/early/2016/02/04/bmjqs-2015-004260.abstract
Notes	This English study examined three methods of eliciting patient's safety concerns during their hospital stay. 178 patients across nine wards in a three-month period in an English acute teaching hospital could, depend on which ward they in, report their safety concerns by either bedside interviewing, paper-based form or patient safety 'hotline'. The concerns were subjected to a two-stage review process to identify those that would meet the definition of a patient safety incident. Interviewed patients reported provided significantly more safety concerns per patient (1.91) compared with the paper-based form (0.92) and the patient safety hotline (0.43). They were also significantly more likely to report one or more concerns (64% with 41% via the form and 19% via the hotline).

HealthcarePapers
Vol. 15 No. 2, 2015

URL	http://www.longwoods.com/publications/healthcarepapers/24410
Notes	A new issue of *HealthcarePapers* has been published with the theme ''Systematically Identified Failure Is the Route to a Successful Health System'. Articles in this issue of *HealthcarePapers* include: • **Failure Is the New Success** (Joshua Tepper and Danielle Martin) • **Systematically Identified Failure** Is the Route to a Successful Health System (Merrick Zwarenstein) • **Innovation in Health Care Delivery**: Commentary on an Evolutionary Approach (Anthony L A Fields) • **Care, Attention and Making Tough Choices**: Learning from Failure Means Weeding the Garden (Stacey Daub)

	• #FAIL: **Defining, Understanding and Owning our Failures** (Sophia Ikura, Camille Orridge, Teresa Petch and Timothy O'Leary) • **Learning about Failure** from Successful Ecosystems (Onil Bhattacharyya and R Sacha Bhatia) • Towards a Model of Stewardship and Accountability in Support of **Innovation and "Good" Failure** (Keith Denny and Jeremy Veillard) • Expand Focus to **Larger Systems** and their **Interdependence** (H Boerma) • The Strategic Value of **Misconceiving Failure** (Steven Lewis)

Australian Health Review
Volume 40, Number 1

URL	http://www.publish.csiro.au/nid/271/issue/7969.htm
Notes	A new issue of *Australian Health Review* has been published. Articles in this issue of *Australian Health Review* include: • **Migrant and Refugee Health**: Advance Australia Fair? (Gary E Day) • What is **access to radiation therapy**? A conceptual framework and review of influencing factors (Puma Sundaresan, M R Stockler and C G Milross) • Is **health workforce** planning recognising the dynamic interplay between **health literacy** at an individual, organisation and system level? (Lucio Naccarella, Brenda Wraight and Des Gorman) • Associations between Australian clinical medical practitioner exposure to **workplace aggression** and workforce participation intentions (D J Hills) • **Thrombolysis in acute stroke**: ongoing challenges based on a tertiary hospital audit and comparisons with other Australian studies (Alex H T Lau, Graham Hall, Ian A Scott and Marie Williams) • Senior staff perspectives of a **quality indicator** program in public sector **residential aged care services**: a qualitative cross-sectional study in Victoria, Australia (Liam M Chadwick, Aleece MacPhail, Joseph E Ibrahim, Linda McAuliffe, Susan Koch and Yvonne Wells) • Detecting change in **patient outcomes** in a **rural ambulatory rehabilitation service**: the responsiveness of Goal Attainment Scaling and the Lawton Scale (Louis Baggio and David J Buckley) • The **Australian 75+ Health Assessment**: could it detect early functional decline better? (K Grimmer, K Kennedy, S Milanese, K Price and D Kay) • Successful **linking of patient records** between **hospital services** and **general practice** to facilitate integrated care in a hospital and health service in south-east Queensland (Martin Connor, Gary E Day and Dean Meston) • Use of a **capacity audit tool** in a mental health setting (Kathryn Zeitz and Paul Hester) • Effects of a pilot **multidisciplinary clinic** for frequent attending elderly patients on **deprescribing** (Alison Mudge, Katherine Radnedge, Karen Kasper, Robert Mullins, Julie Adsett, Serena Rofail, S Lloyd and M Barras) • An evaluation of current **home enteral nutrition services** at principal referral hospitals in New South Wales, Australia (Sahrish Sonia Faruquie, Elizabeth Kumiko Parker and Peter Talbot) • **Acute rehospitalisation** during the first 3 months of in-patient rehabilitation for **traumatic brain injury** (N Andraweera and R Seemann) • **Improving healthcare**: Transforming concepts into action with one patient at a time (Carol Pham)

Public Health Research & Practice
January 2016, Volume 26, Issue 1

URL	http://www.phrp.com.au/issues/january-2016-volume-26-issue-1/
Notes	A new issue of *Public Health Research & Practice* has been published with a focus on primary health care and how to strengthen links between primary care and population health to maximise outcomes. Articles in this issue of *Public Health Research & Practice* include: • Editorial: Strengthening **prevention in primary care** (Mark Harris) • The interface between **primary health care and population health**: challenges and opportunities for prevention (Mark Harris) • How integrating **primary care and public health** could improve population health outcomes: a view from Liverpool, UK (Rachael Gosling, Sandra M Davies, John A Hussey) • The new **Australian Primary Health Networks**: how will they integrate public health and primary care? (Mark Booth, Graham Hill, Michael J Moore, Danielle Dalla, Michael G Moore, Anne Messenger) • A guide to scaling up **population health interventions** (Andrew J Milat, Robyn Newson, Lesley King, Chris Rissel, Luke Wolfenden, Adrian Bauman, Sally Redman, Michael Giffin) • Factors influencing **reductions in smoking** among Australian adolescents (Anita Dessaix, Audrey Maag, Jeanie McKenzie, David C Currow) • Impact of medical consultation frequency on risk factors and medications 6 months after **acute coronary syndrome** (Karice Hyun, David Brieger, Clara K Chow, Marcus Ilton, David Amos, Kevin Alford, Philip Roberts-Thomson, Karla Santo, Emily R Atkins, Julie Redfern) • **Breast cancer recurrence** following active treatment: determining its incidence in the NSW population (Anna Kemp-Casey, Elizabeth E Roughead, Christobel Saunders, F Boyle, D Lopez, M Bulsara, D B Preen) • Variation in and factors associated with timing of low risk, pre-labour **repeat caesarean sections** in NSW, 2008-2011 (Kathrin Schemann, Jillian Patterson, Tanya A Nippita, Jane B Ford, Deborah Matha, C L Roberts) • **My Health Record** to deliver "new class" of data (Nyssa Skilton)

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Editorial: **Patient-centred care**: confessions of a pragmatist (K E F Sands) • Editorial: **Patient safety** and rocket science (Peter McCulloch) • Editorial: **Video transparency**: a powerful tool for patient safety and quality improvement (Sarah Joo, Tim Xu, Martin A Makary) • Is bias in the eye of the beholder? A vignette study to assess recognition of **cognitive biases** in clinical case workups (Laura Zwaan, Sandra Monteiro, Jonathan Sherbino, Jonathan Ilgen, Betty Howey, Geoffrey Norman) • **Crew resource management training** in the intensive care unit. A multisite controlled before–after study (Peter F Kemper, Martine de Bruijne, Cathy van Dyck, Ralph L So, Peter Tangkau, Cordula Wagner) • How might health services **capture patient-reported safety concerns** in a hospital setting? An exploratory pilot study of three mechanisms (Jane Kathryn O'Hara, Gerry Armitage, Caroline Reynolds, Claire Coulson, Liz Thorp, Ikhlaq Din, Ian Watt, John Wright)

International Journal for Quality in Health Care online first articles

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: • **Nurse staffing** and the work environment linked to **readmissions** among older adults following elective total hip and knee replacement (Karen B Lasater, Matthew D McHugh) • Types and patterns of **safety concerns in home care**: client and family caregiver perspectives (Catherine E Tong, Joanie Sims-Gould, Anne Martin-Matthews) • Does the patient's inherent rating tendency influence reported **satisfaction scores** and affect division ranking? (Patricia Francis, Thomas Agoritsas, Pierre Chopard, Thomas Perneger) • **Patient complaints** about hospital services: applying a complaint taxonomy to analyse and respond to complaints (Reema Harrison, Merrilyn Walton, Judith Healy, Jennifer Smith-Merry, Coletta Hobbs)

Online resources

[Canada] Rules of Engagement: Lessons from PANORAMA
http://www.changefoundation.ca/library/rules-of-engagement/
The Canadian independent health policy think tank, The Change Foundation, convened a panel of patients and family caregivers to share their lived experiences and insights on a range of issues related to improving people's healthcare experience. From this panel they have produce this "resource for health providers and professionals, outlining key moments in the engagement process that require extra thought and preparation. These recommendations can help ensure that patient engagement initiatives deliver results for organizations, and also make participants feel valued and respected in the process."

GROUND RULES FOR DIALOGUE
THE CHANGE FOUNDATION
Express disagreement with ideas not personalities
We are all equal. Leave rank at the door
Share airtime
Listen respectfully especially when you disagree. Acknowledge you have heard the others
Stay on topic–connect to what others have said
Look for common ground
Understand & learn from each other
Identify & test assumptions
changefoundation.ca

[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 QS10 **Chronic obstructive pulmonary disease** in adults https://www.nice.org.uk/guidance/qs10

[UK] NHS Transformathon
http://theedge.nhsiq.nhs.uk/transformathon/
The NHS Edge hosted a 24-hour online, global event that brought together health and care staff and service users to connect, share and learn from each other. All of the NHS Transformathon sessions were recorded. These films are on individual session pages along with more information about the speakers and subjects. Topics covered included how to use social media and film to improve health and care services, how organisations in various areas have come together to improve the health of their community, the introduction of seven day services, prototyping new care models programmes and how patients are leading and driving change.

How healthcare systems can become digital-health leaders
http://www.mckinsey.com/insights/health_systems_and_services/How_healthcare_systems_can_become_digital_health_leaders
This posting from multi-national consultancy firm McKinsey & Company looks at the issue of digital technologies and health and how the investment and ambition may be converted into meaningful progress. The authors argue that to realise the full potential of technology in healthcare, system leaders must answer the following three fundamental questions:

1. Who should pay for digital-health applications and services?
2. What evidence of effectiveness should be required to justify reimbursement?
3. What conditions must be in place to provide start-ups that develop successful health applications with a sustainable business model?

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