



On the Radar

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On the Radar

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Books

Are Workarounds Ethical? Managing Moral Problems in Health Care Systems

Berlinger N

Oxford: Oxford University Press; 2016. ISBN 9780190269296

URL	https://global.oup.com/academic/product/are-workarounds-ethical-9780190269296
Notes	Work-arounds, improvisations, hacks, shortcuts or whatever else you want to term them are commonplace. In health care they offer the potential for harm. But they can also be potential opportunities for critical thinking and innovation. While this book does present a new theory of health care ethics that is grounded in the nature of health care work and how it is shaped by the ever-changing conditions of complex systems, in particular, problems of safety and harm it also discusses work-arounds and their risks and utility in ways that have relevance to health care leaders and professionals. The book is (according to the publisher's website) designed to support clinician education in medicine, nursing, and interdisciplinary contexts and recommend methods for integrating ethics, safety, and justice in practice.

Journal articles

Walking the tightrope: communicating overdiagnosis in modern healthcare
 McCaffery KJ, Jansen J, Scherer LD, Thornton H, Hersch J, Carter SM, et al
 BMJ. 2016;352:i348.

DOI	http://dx.doi.org/10.1136/bmj.i348
Notes	<p>Overdiagnosis provides no benefits to patients (and may expose them to harm) and is a challenge to the sustainability of modern healthcare systems. McCaffery and colleagues contend that communication based strategies could help reduce overdiagnosis and its negative impact on individuals and health systems.</p> <p>Effective strategies include: shared decision making and the use of patient decision aids; community campaigns and initiatives such as “Choosing Wisely”; and changing medical terminology and labels.</p> <p>A careful, evidence-based approach is advocated so that the potential harms of communicating overdiagnosis, such as adversely affecting patients already diagnosed and treated, are considered.</p>

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

Engaging patients through open notes: an evaluation using mixed methods
 Esch T, Mejilla R, Anselmo M, Podtschaske B, Delbanco T, Walker J
 BMJ Open. 2016;6(1).

DOI	http://dx.doi.org/10.1136/bmjopen-2015-010034
Notes	<p>The Open Notes movement argue that allowing patients to view (and possibly contribute) to the notes clinicians make can provide benefits to both patients and clinicians. This study investigated the experiences of patients invited to view their notes in order “to examine the relationships among fully transparent electronic medical records and quality of care, the patient-doctor relationship, patient engagement, self-care, self-management skills and clinical outcomes.”</p> <p>Using survey responses from patients cared for by primary care physicians at Boston’s Beth Israel Deaconess Medical Center who had electronic access to their PCP visit notes the authors suggest that for these patients open notes “may increase patient activation and engagement” and that they had “improved understanding (of health information), better relationships (with doctors), better quality (adherence and compliance; keeping track) and improved self-care (patient-centredness, empowerment).”</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/>

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

How can frontline expertise and new models of care best contribute to safely reducing avoidable acute admissions? A mixed-methods study of four acute hospitals

Pinkney J, Rance S, Benger J, Brant H, Joel-Edgar S, Swancutt D, et al
 Health Services and Delivery Research. 2016;4(3).

DOI	http://dx.doi.org/10.3310/hsdr04030
Notes	<p>This study sought to examine the factors influencing decision-making about emergency admissions and to understand how the medical assessment process is experienced by patients, carers and practitioners by studying the experiences of four hospitals in England. The study looked at the time spent by clinicians on key activities in 108 patient pathways while also undertaking an ethnographic study incorporating data from 65 patients, 30 carers and 282 practitioners. Additional data were collected through a clinical panel, learning sets, stakeholder workshops, reading groups and review of site data and documentation.</p> <p>The authors believe that this study (the full report is 232 pages long) reveals how hospitals under pressure can manage complexity, safety and risk in emergency care “by developing ‘ground-up’ initiatives that facilitate timely, appropriate and safe decision-making, and alternative care pathways for lower-risk, ambulatory patients. New teams and ‘off the clock’ spaces contribute to safely reducing avoidable admissions; frontline expertise brings value not only by placing senior experienced practitioners at the front door of EDs, but also by using seniors in advisory roles.”</p> <p>The observations and results reported include:</p> <ul style="list-style-type: none"> • Patients’ experiences of emergency care were positive and they often did not raise concerns, whereas carers were more vocal. • Staff’s focus on patient flow sometimes limited time for basic care, optimal communication and shared decision-making. • Practitioners admitted or discharged few patients during the first hour, but decision-making increased rapidly towards the 4-hour target. • Overall, patients’ journey times were similar, although waiting before being seen, for tests or after admission decisions, varied considerably. • Medical and social complexity, targets and ‘bed pressure’, patient safety and risk, each influenced admission/discharge decision-making. Each site responded to these pressures with different initiatives designed to expedite appropriate decision-making. • New ways of using hospital ‘space’ were identified. • Clinical decision units and observation wards allow potentially dischargeable patients with medical and/or social complexity to be ‘off the clock’, allowing time for tests, observation or safe discharge. • The hospitals were trying new ways to prevent unnecessary admissions. Some of the most effective were observation wards where patients could stay for several hours without 4-hour target pressure; ambulatory units where staff and patients did not have the expectation of overnight admission; a hospital service communicating with general practitioners; teams linking patients with community services; and specialist teams finding care outside hospital for elderly patients • Senior doctors had a range of roles: evaluating complex patients, advising and training juniors, and overseeing ED activity.

High performing hospitals: a qualitative systematic review of associated factors and practical strategies for improvement

Taylor N, Clay-Williams R, Hogden E, Braithwaite J, Groene O
BMC Health Services Research. 2015;15(1):1-22.

DOI	http://dx.doi.org/10.1186/s12913-015-0879-z
Notes	Health is a complex human endeavour and the factors that contribute to high performance are complex. The objective of this review was to identify methods used to identify high performing hospitals, the factors associated with high performers, and practical strategies for improvement. The review screened more than 11,000 studies before focusing on 19. From the analysis the authors report that seven themes (and 25 sub-themes) representing factors associated with high performance emerged: positive organisational culture , senior management support , effective performance monitoring , building and maintaining a proficient workforce , effective leaders across the organisation, expertise-driven practice , and interdisciplinary teamwork .

What are the effective ways to translate clinical leadership into health care quality improvement?

McSherry R, Pearce P

Journal of Healthcare Leadership. 2016;8:11-7.

DOI	http://dx.doi.org/10.2147/JHL.S46170
Notes	The authors of this piece assert that “effective leaders in health care can have a stark consequence on the quality and outcomes of care. The delivery of safe, quality, compassionate health care is dependent on having effective clinical leaders at the frontline.” They proceed to explore ways of translating clinical leadership into health care quality improvement. They argue that “Clinical leaders are effective in facilitating innovation and change through improvement. This is achieved by recognizing, influencing, and empowering individuals through effective communication in order to share and learn from and with each other in practice.” They recognise that health care organisations need to create cultures that encourage and develop clinical leaders. Openness and candour are key elements in their view.

Engaging Frontline Staff in Performance Improvement: The American Organization of Nurse Executives Implementation of Transforming Care at the Bedside Collaborative

Needleman J, Pearson ML, Upenieks VV, Yee T, Wolstein J, Parkerton M

Joint Commission Journal on Quality and Patient Safety. 2016;42(2):61-74.

URL	http://www.ingentaconnect.com/content/jcaho/jcjq/2016/00000042/00000002/art0002
Notes	Paper reporting on the experience of implementing a process improvement model – Transforming Care at the Bedside (TCAB) – that focuses on engaging frontline health workers. This was a 15-month American Organization of Nurse Executives collaborative involving frontline medical/surgical staff from 67 hospitals. TCAB was evaluated to assess whether participating units successfully implemented recommended change processes, engaged staff, implemented innovations, and generated support from hospital leadership and staff. The authors report strong engagement in the program by staff at all units and a “high volume of innovations tested, implemented, and sustained”, which leads them to conclude that “TCAB appears to be a productive model for organizing and implementing a program of frontline-led improvement.”

The Irish National Adverse Events Study (INAES): the frequency and nature of adverse events in Irish hospitals—a retrospective record review study

Rafter N, Hickey A, Conroy RM, Condell S, O'Connor P, Vaughan D, et al
 BMJ Quality & Safety. 2016.

DOI	http://dx.doi.org/10.1136/bmjqs-2015-004828 http://qualitysafety.bmj.com/content/early/2016/02/09/bmjqs-2015-004828.abstract
Notes	This paper reports on the Irish National Adverse Study which reviewed 1574 (53% women, mean age 54 years) randomly selected adult inpatient admissions from a sample of eight hospitals, stratified by region and size, across the Republic of Ireland in 2009. The authors report the prevalence of adverse events in admissions was 12.2%, with an incidence of 10.3 events per 100 admissions and that the vast majority (over 70%) of events were considered preventable . As the authors note, the rate of adverse events is similar to that reported in other countries. Two-thirds were rated as having a mild-to-moderate impact on the patient, 9.9% causing permanent impairment and 6.7% contributing to death . A mean of 6.1 added bed days was attributed to events, representing an expenditure of €550 per event.

Asia Pacific Journal of Health Management

Volume 10 Issue 3 – 2015

DOI	http://www.achsm.org.au/resources/journal/journal-content/?id=18
Notes	A new issue of <i>Asia Pacific Journal of Health Management</i> has been released. This issue incorporates a special issue looking at the ethics of leading and managing health services in addition to the 'general' issue. Articles in this combined issue of <i>Asia Pacific Journal of Health Management</i> include: Special Issue <ul style="list-style-type: none"> • Editorial: The ethics of managing health services: Why does it matter? (G E Day and G L Casali) • A Taxonomic Approach to Understanding Managerial Ethical Decision-Making Approaches of Clinically and Non-Clinically Trained Healthcare Managers in Australia (G L Casali and G E Day) • The Ethics of Managing and Leading Health Services: a view from the United Kingdom (K Armit and M Oldham) • Back to the Future: using the Ethical Climate Questionnaire to understand ethical behaviour in not for profits (D L Dark and M Rix) • Do Health Inquiries Lead to Health System Change? What Have we Learnt from Recent Inquiries and Will the Same Mistakes Happen Again? (G E Day and G L Casali) • Leading Ethical Decision-Making: Clinical Ethics Services in Australia (J Jones and E Milligan) • Do our Leaders have the Technical Expertise to Lead Health Sector Reform? (D Arya) • Raising the Bar for Health Leadership in Australia (A Sebastian) • The Challenges of a Relational Leadership and the Implications for Efficacious Decision-Making in Healthcare (H Harden and L Fulop) • On the Use/Misuse of Health Research Gatekeeping Powers in Australia: an under-considered problem? (P Murgatroyd, L Karimi, P Robinson and J Rada) General Supplement <ul style="list-style-type: none"> • Understanding the Need for the Introduction of the Multi-Purpose Service Model in Rural Australia (L Malone and J K Anderson)

	<ul style="list-style-type: none"> • Developing an Instrument for a State-Wide Palliative Care Satisfaction Survey in Australia (M O'Connor) • The Observer Effect: can being watched enhance compliance with hand hygiene behaviour? A randomised trial (P G M Bolton, K Rivas, V Prachar and M P Jones) • A Study on Patient Satisfaction at Khanh Hoa Provincial General Hospital (Phung Tan Le and G Fitzgerald) • Analysis of Management Practice Strategic Planning: a comprehensive approach (S Schneider) • It's Time: the poor culture regarding safety and quality in Australian hospitals must be addressed! (E Davis and N Beale)
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Health Affairs

February 2016; Volume 35, Issue 2

URL	http://content.healthaffairs.org/content/35/2.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme 'Vaccines'. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Vaccine Discovery, Production, And Delivery (Alan R Weil) • Why The Decade Of Vaccines? (infographic) • Eliminating Vaccine-Preventable Diseases Around The World (Alan R Weil) • The United States' Piecemeal Approach To Vaccine Policy (J Bylander) • Return On Investment From Childhood Immunization In Low- And Middle-Income Countries, 2011–20 (Sachiko Ozawa, Samantha Clark, Allison Portnoy, Simrun Grewal, Logan Brenzel, and Damian G Walker) • When Not All That Counts Can Be Counted: Economic Evaluations And The Value Of Vaccination (Jason L Schwartz and Adel Mahmoud) • The Social Value Of Vaccination Programs: Beyond Cost-Effectiveness (Jeroen Luyten and Philippe Beutels) • Vaccine Pipeline Has Grown During The Past Two Decades With More Early-Stage Trials From Small And Medium-Size Companies (Thomas J Hwang and Aaron S Kesselheim) • Current Global Pricing For Human Papillomavirus Vaccines Brings The Greatest Economic Benefits To Rich Countries (Niamh Herlihy, Raymond Hutubessy, and Mark Jit) • No Shot: US Vaccine Prices And Shortages (David B Ridley, Xiaoshu Bei, and Eli B Liebman) • EPIC Studies: Governments Finance, On Average, More Than 50 Percent Of Immunization Expenses, 2010–11 (Logan Brenzel, Carl Schütte, Keti Gogvadze, Werner Valdez, Jean-Bernard Le Gargasson, and T Guthrie) • Routes Countries Can Take To Achieve Full Ownership Of Immunization Programs (Michael McQuestion, Andrew Carlson, Khongorzul Dari, Devendra Gnawali, Clifford Kamara, Helene Mambu-Ma-Disu, Jonas Mbwanque, Diana Kizza, Dana Silver, and Eka Paataashvili) • Country Ownership And Gavi Transition: Comprehensive Approaches To Supporting New Vaccine Introduction (Angela K. Shen, Jonathan M. Weiss, Jon K Andrus, C Pecenka, D Atherly, K Taylor, and M McQuestion)

	<ul style="list-style-type: none"> • The Global Polio Eradication Initiative: Progress, Lessons Learned, And Polio Legacy Transition Planning (Stephen L Cochi, Lea Hegg, Anjali Kaur, Carol Pandak, and Hamid Jafari) • Assessing Interventions To Improve Influenza Vaccine Uptake Among Health Care Workers (Harunor Rashid, Jiehui Kevin Yin, Kirsten Ward, Catherine King, Holly Seale, and Robert Booy) • Argentina’s Successful Implementation Of A National Human Papillomavirus Vaccination Program (Hannah Patel, Ellen Wilson, Carla Vizzotti, Greg Parston, Jessica Prestt, and Ara Darzi) • Strategies To Boost Maternal Immunization To Achieve Further Gains In Improved Maternal And Newborn Health (Mark R Steedman, Beate Kampmann, Egbert Schillings, Hanan Al Kuwari, and Ara Darzi) • Slow Progress In Finalizing Measles And Rubella Elimination In The European Region (Robin Biellik, Iria Davidkin, Susanna Esposito, Andrey Lobanov, Mira Kojouharova, Günter Pfaff, J I Santos, J Simpson, M B Mamou, R Butler, S Deshevoi, S Huseynov, D Jankovic, and A Shefer) • Exploring The Impact Of The US Measles Outbreak On Parental Awareness Of And Support For Vaccination (Michael A Cacciatore, Glen Nowak, and Nathaniel J Evans) • Publicly Available Online Tool Facilitates Real-Time Monitoring Of Vaccine Conversations And Sentiments (Chi Y Bahk, Melissa Cumming, Louisa Paushter, Lawrence C Madoff, A Thomson, and J S Brownstein) • A Tale Of Two States: Mississippi, West Virginia, And Exemptions To Compulsory School Vaccination Laws (James Colgrove and A Lowin) • Since The Start Of The Vaccines For Children Program, Uptake Has Increased, And Most Disparities Have Decreased (Brendan Walsh, Edel Doherty, and Ciaran O’Neill)
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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"> • Quality gaps identified through mortality review (Daniel M Kobewka, Carl van Walraven, Jeffrey Turnbull, J Worthington, L Calder, A Forster) • The Irish National Adverse Events Study (INAES): the frequency and nature of adverse events in Irish hospitals—a retrospective record review study (Natasha Rafter, Anne Hickey, Ronan M Conroy, Sarah Condell, Paul O’Connor, David Vaughan, Gillian Walsh, David J Williams) • Does Lean healthcare improve patient satisfaction? A mixed-method investigation into primary care (Bozena Bonnie Poksinska, Malgorzata Fialkowska-Filipek, Jon Engström)

International Journal for Quality in Health Care online first articles

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"> • Development and evaluation of an automated fall risk assessment system (Ju Young Lee, Yinji Jin, Jinshi Piao, and Sun-Mi Lee) • A randomized, controlled trial of team-based competition to increase learner participation in quality-improvement education (Charles D Scales Jr, T Moin, A Fink, S H Berry, N Afsar-Manesh, C M Mangione, B P Kerfoot)

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 NG34 **Sunlight exposure**: risks and benefits
<https://www.nice.org.uk/guidance/ng34>
- NICE Guideline NG35 **Myeloma: diagnosis and management**
<https://www.nice.org.uk/guidance/ng35>
- NICE Guideline NG36 **Cancer of the upper aerodigestive tract**: assessment and management in people aged 16 and over <https://www.nice.org.uk/guidance/ng36>
- NICE Quality Standard QS113 **Healthcare-associated infections**
<https://www.nice.org.uk/guidance/qs113>
- NICE Quality Standard QS114 **Irritable bowel syndrome** in adults
<https://www.nice.org.uk/guidance/qs114>

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