



On the Radar

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On the Radar

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Guide to the National Safety and Quality Health Service Standards for community health services
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2015. 164 p.

URL	http://www.safetyandquality.gov.au/publications/guide-to-the-nsqhs-standards-for-community-health-services-february-2016/
Notes	<p>The Australian Commission on Safety and Quality in Health Care has released this guide to support community health services implementing the National Safety and Quality Health Service (NSQHS) Standards.</p> <p>The NSQHS Standards are designed to drive improvements in safety and quality in health care nationally. There are 10 NSQHS Standards that cover areas where there is an increased risk to patient safety and where there have been incidents of patient harm as a result of care. Accreditation to the NSQHS Standards is mandatory for all hospitals and day procedure services and a majority of public dental services. Community health services may be included in an accreditation assessment as part of a broader health service organisation.</p> <p>The release of the <i>Guide to the NSQHS Standards for community health services</i> is designed to promote a consistent and shared understanding of the Standards. The development of the guide and accompanying electronic monitoring tool has been a collaborative process with community health stakeholders nationally. The guide has also been piloted with 35 community health services.</p>

	<p>The guide contains information on:</p> <ul style="list-style-type: none"> • preparing for accreditation • the national accreditation scheme • applicability of the NSQHS Standards to different community health services • specific strategies to for implementing the NSQHS Standards in community health settings. 
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Reports

At the heart of health: Realising the value of people and communities

Wood S, Finnis A, Khan H, Ejbye J

London: Realising the Value; 2016. p. 55.

URL	http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities
Notes	This report from the UK's Realising the Value consortia (led by the Health Foundation and NESTA) has been developed as a response to the (UK) NHS Five Year Forward View vision to develop a new relationship with people and communities. The report examines how individual- and community-centred approaches for health and wellbeing have significant potential to improve outcomes for individuals, support the development of strong and resilient communities and, over time, help reduce demand on formal health and social care services. The authors have sought to bring together a wide range of person- and community-centred approaches for health and wellbeing. The report provides an overview of the existing evidence base with a particular focus on the potential benefits of adopting person- and community-centred approaches.

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/>

Improving quality in the English NHS: A strategy for action

Ham C, Berwick DM, Dixon J

London: The King's Fund; 2016. 38 p.

URL	http://www.kingsfund.org.uk/publications/quality-improvement
Notes	<p>This report from the UK's King's Fund argues that the NHS in England cannot meet the health care needs of the population without a sustained and comprehensive commitment to quality improvement as a principal strategy. The authors argue that the NHS in England has lacked a coherent approach to improving quality of care. They proceed to describe key features of a quality improvement strategy and the role of organisations at different levels in realising it, offering 10 design principles to guide its development. The design principles include:</p> <ul style="list-style-type: none">• Expecting organisations to build in-house capacity for quality improvement• Supporting organisations through shared learning and regional support• Establishing a national centre of expertise• Integrating quality improvement and leadership development• Ensuring national bodies provide unified, co-ordinated support to the NHS as full participants in a single strategy• Involving frontline clinical leaders and the leaders of organisations in developing the strategy• Ensuring the voice of patients and the public is sought and heard in the design and implementation of the strategy• Being open to learning from other organisations at home and abroad• Working with organisations and experts outside the formal structures• Reflecting, measuring and learning rapidly about what is and is not working to help implementation become more successful.

Better births: improving outcomes of maternity services in England: a five year forward view for maternity care

National Maternity Review

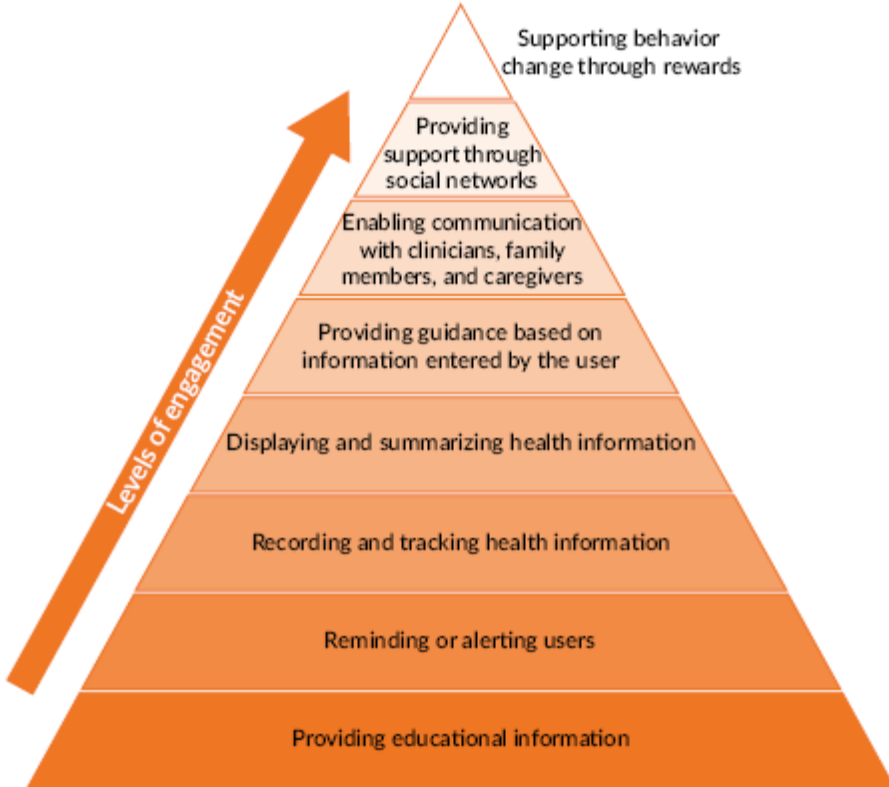
London: NHS England; 2016. p. 126.

URL	http://www.england.nhs.uk/ourwork/futurenhs/mat-review https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
Notes	<p>This report was part of a review into the future of maternity services in England .The report's authors found that despite the increases in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services in England have improved significantly over the last decade. However, the review also found meaningful differences or variation across the country, and identified opportunities to improve the safety of care and reduce still births. The report seven key priorities to drive improvement:</p> <ol style="list-style-type: none">1. personalised care2. continuity of carer3. better postnatal and perinatal mental health care4. safer care5. a fairer payment system for providers6. increased multi-professional working; and7. working across boundaries to provide and commission maternity services.

Developing a Framework for Evaluating the Patient Engagement, Quality, and Safety of Mobile Health Applications. Issue brief

Singh K, Bates DW, Drouin K, Newmark LP, Rozenblum R, Lee J, et al.

New York: The Commonwealth Fund; 2016. p. 12.

URL	http://www.commonwealthfund.org/publications/issue-briefs/2016/feb/evaluating-mobile-health-apps
Notes	<p>In recent years the phrase ‘There’s an app for that’ has passed from novelty to joke. Among the plethora of apps that have been developed, ‘health’ apps are by no means uncommon. But identifying what is a useful and trustworthy app has not been obvious. This Commonwealth Fund issue brief examines some of the issues, particularly around apps that are designed to engage patients, often in relationship to chronic conditions or diseases. The study team developed a framework for assessing health apps and used it to analyse health apps. The team assessed the degree to which apps are likely to be useful in patient engagement efforts based on criteria around engagement type, relevance to the targeted patient population, consumer ratings and reviews, and most recent app update. The authors report that “Of the 1,046 health care–related, patient-facing applications identified by our search, 43 percent of iOS apps and 27 percent of Android apps appeared likely to be useful.</p>  <p>Figure 1 Strategies to Activate Patients Using Mobile Applications Based on Level of Engagement with Health Care</p>

Journal articles

Cost-Effectiveness of a National Initiative to Improve Hand Hygiene Compliance Using the Outcome of Healthcare Associated Staphylococcus aureus Bacteraemia

Graves N, Page K, Martin E, Brain D, Hall L, Campbell M, et al
PLoS ONE. 2016;11(2):e0148190.

DOI	http://dx.doi.org/10.1371/journal.pone.0148190
Notes	Paper reporting on an evaluation of the National Hand Hygiene Initiative implemented between 2009 and 2012 in Australia. The evaluation used healthcare associated <i>Staphylococcus aureus</i> bacteraemia as the outcome with the baseline comparators are the eight existing state and territory hand hygiene programmes. The study covered 1,294,656 admissions from the 50 largest Australian hospitals. The authors calculated that “Total annual costs increased by \$2,851,475 for a return of 96 years of life giving an incremental cost-effectiveness ratio (ICER) of \$29,700 per life year gained.” Consequently they concluded that “The Australian National Hand Hygiene Initiative was cost-effective against an Australian threshold of \$42,000 per life year gained.”

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

Hospital in the Nursing Home program reduces emergency department presentations and hospital admissions from residential aged care facilities in Queensland, Australia: a quasi-experimental study

Fan L, Hou X-Y, Zhao J, Sun J, Dingle K, Purtill R, et al
BMC Health Services Research. 2016;16(1):1-9.

DOI	http://dx.doi.org/10.1186/s12913-016-1275-z
Notes	Article adding to the literature on ‘hospital in the home’ schemes. This paper reports on the impact of one intervention, the Hospital in the Nursing Home (HiNH) program, on reducing ED and hospital attendances from residential aged care facilities (RACFs). This was a quasi-experimental study conducted at one hospital undertaking the program and a control hospital with normal practice. The study found “Significant reductions in the number of ED presentations per 1000 RACF beds... number of hospital admissions per 1000 RACF beds ...and number of hospital admissions per 100 ED presentations ... were noticed in the experimental hospital after the intervention; while there were no significant differences between intervention and control hospitals before the intervention.”

Provision of social norm feedback to high prescribers of antibiotics in general practice: a pragmatic national randomised controlled trial

Hallsworth M, Chadborn T, Sallis A, Sanders M, Berry D, Greaves F, et al.
The Lancet. 2016 [epub].

DOI	http://dx.doi.org/10.1016/s0140-6736(16)00215-4
Notes	One of the facets of a learning health system is feedback on activity, including how one compares with one’s peers. This paper found that providing GPs with feedback on their prescribing habits contribute to a reducing the use of antibiotics. As unnecessary antibiotic prescribing contributes to antimicrobial resistance, the authors suggest that such a feedback mechanism may “substantially reduce antibiotic prescribing at low cost and at national scale; this outcome makes it a worthwhile addition to antimicrobial stewardship programmes.”

For information on the Commission’s Antimicrobial Use and Resistance in Australia Project, see <http://www.safetyandquality.gov.au/national-priorities/amr-and-au-surveillance-project/>

Effect of behavioral interventions on inappropriate antibiotic prescribing among primary care practices: A randomized clinical trial

Meeker D, Linder JA, Fox CR, Friedberg MW, Persell SD, Goldstein NJ, et al.

Journal of the American Medical Association. 2016;315(6):562-70.

DOI	http://dx.doi.org/10.1001/jama.2016.0275
Notes	<p>In a similar vein this study looked at impact of three behavioural interventions on the inappropriate (not guideline-concordant) antibiotic prescribing during ambulatory visits for acute respiratory tract infections. The three interventions, implemented alone or in combination were:</p> <ul style="list-style-type: none"> • <i>suggested alternatives</i> presented electronic order sets suggesting non-antibiotic treatments; • <i>accountable justification</i> prompted clinicians to enter free-text justifications for prescribing antibiotics into patients’ electronic health records; • <i>peer comparison</i> sent emails to clinicians that compared their antibiotic prescribing rates with those of “top performers” (those with the lowest inappropriate prescribing rates). <p>The study looked at the antibiotic prescribing rates for visits with antibiotic-inappropriate diagnoses (non-specific upper respiratory tract infections, acute bronchitis, and influenza) from 18 months before the intervention to 18 months afterward and covered 14,753 visits during the baseline period and 16,959 visits during the intervention period for 248 clinicians.</p> <p>The authors report that mean antibiotic prescribing rates decreased from 24.1% at intervention start to 13.1% at intervention month 18 for control practices; from 22.1% to 6.1% for suggested alternatives; from 23.2% to 5.2% for accountable justification; and from 19.9% to 3.7% for peer comparison. As the authors conclude, “accountable justification and peer comparison as behavioral interventions resulted in lower rates of inappropriate antibiotic prescribing for acute respiratory tract infections.”</p>

International Journal for Quality in Health Care

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URL	http://intqhc.oxfordjournals.org/content/28/1?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 trustworthiness for the codes of International Classification of Diseases 11th version and reducing hospital readmissions in order to improve healthcare services (Shabbir Syed-Abdul, Usman Iqbal, and Yu-Chuan (Jack) Li) • Incident and error reporting systems in intensive care: a systematic review of the literature (Anja H Brunsveld-Reinders, M Sesmu Arbous, Rien De Vos, and Evert De Jonge) • Job satisfaction of urban community health workers after the 2009 healthcare reform in China: a systematic review (Mingji Zhang, Rongrong Yang, Wei Wang, James Gillespie, Susan Clarke, and Fei Yan)

- **Community-acquired pneumonia (CAP)** hospitalizations and deaths: is there a role for quality improvement through inter-hospital comparisons? (W Aelvoet, N Terry, A Blommaert, G Molenberghs, N Hens, F De Smet, M Callens, and P Beutels)
- A retrospective review of **medical errors** adjudicated in court between 2002 and 2012 in Spain (Priscila Giraldo, Luke Sato, María Sala, Merce Comas, Kathy Dywer, and Xavier Castells)
- Participating physician preferences regarding a **pay-for-performance** incentive design: a discrete choice experiment (Tsung-Tai Chen, Mei-Shu Lai, and Kuo-Piao Chung)
- An analysis of closed **medical litigations** against the **obstetrics** departments in Taiwan from 2003 to 2012 (Kuan-Han Wu, Hsien-Hung Cheng, Fu-Jen Cheng, Chien-Hung Wu, Pai-Chun Yen, Yung-Lin Yen, and Te-Yao Hsu)
- **Reducing excess readmissions**: promising effect of hospital readmissions reduction program in US hospitals (Ning Lu, Kuo-Cherh Huang, and James A Johnson)
- A human factors approach to improving **electronic performance measurement of venous thromboembolism prophylaxis** (Molly J Horstman, Jennifer B Cowart, Nicole L McMaster-Baxter, Barbara W Trautner, and Diana E Stewart)
- Patients' and families' perspectives of **patient safety at the end of life**: a video-reflexive ethnography study (Aileen Collier, Ros Sorensen, and Rick Iedema)
- **Hand-hygiene** practices and observed barriers in pediatric long-term care facilities in the New York metropolitan area (Borghild Løyland, Sibyl Wilmont, Bevin Cohen, and Elaine Larson)
- **No-fault compensation for treatment injuries** in Danish public hospitals 2006–12 (Jens Tilma, Mette Nørgaard, Kim Lyngby Mikkelsen, and Søren Paaske Johnsen)
- Associations between demographics and health-related quality of life for **chronic non-malignant pain patients** treated at a multidisciplinary pain centre: a cohort study (Hanne Irene Jensen, Karin Plesner, Nina Kvorning, Bo Lunddal Krogh, and Alan Kimber-Karl)
- Prevention of **falls in acute hospital settings**: a multi-site audit and best practice implementation project (Matthew Stephenson, Alexa McArthur, Kristy Giles, Craig Lockwood, Edoardo Aromataris, and Alan Pearson)
- **ICU physicians** are unable to accurately predict **length of stay** at admission: a prospective study (Antonio Paulo Nassar, Jr and Pedro Caruso)
- Prevalence and patterns of **potentially avoidable hospitalizations** in the US long-term care setting (Rosemary M McAndrew, David C Grabowski, Ankit Dangi, and Gary J Young)
- **Quality evaluation** of medical care for **breast cancer** in Japan (Hirofumi Mukai, Takahiro Higashi, Masaoki Sasaki, and Tomotaka Sobue)
- Patient safety's missing link: using **clinical expertise to recognize, respond to and reduce risks** at a population level (Peter D Hibbert, Frances Healey, Tara Lamont, William M Marela, Bruce Warner, and William B Runciman)
- Guide to **clinical practice guidelines**: the current state of play (Tamara Kredo, Susanne Bernhardsson, Shingai Machingaidze, Taryn Young, Quinette Louw, Eleanor Ochodo, and Karen Grimmer)

	<ul style="list-style-type: none"> • Opportunities and challenges for quality and safety applications in ICD-11: an international survey of users of coded health data (Danielle A Southern, Marc Hall, Deborah E White, Patrick S Romano, Vijaya Sundararajan, Saskia E Drolesler, Harold A Pincus, and William A Ghali) • Enhanced capture of healthcare-related harms and injuries in the 11th revision of the International Classification of Diseases (ICD-11) (Danielle A Southern, Harold A Pincus, Patrick S Romano, Bernard Burnand, James Harrison, Alan J Forster, Lori Moskal, Hude Quan, Saskia E Drolesler, Vijaya Sundararajan, Cyrille Colin, Yana Gurevich, Susan E Brien, Nenad Kostanjsek, Bedirhan üstün, William A Ghali, for The World Health Organization ICD-11 Revision Topic Advisory Group on Quality & Safety)
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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"> • The problem with...Revisiting the panculture (Valerie M Vaughn, Vineet Chopra) • International recommendations for national patient safety incident reporting systems: an expert Delphi consensus-building process (Ann-Marie Howell, Elaine M Burns, Louise Hull, Erik Mayer, Nick Sevdalis, Ara Darzi) • Turning the page on hospital communications slowly (Robert Wu) • The frequency of intravenous medication administration errors related to smart infusion pumps: a multihospital observational study (Kumiko O Schnock, Patricia C Dykes, Jennifer Albert, Deborah Ariosto, Rosemary Call, Caitlin Cameron, Diane L Carroll, Adrienne G Drucker, Linda Fang, Christine A Garcia-Palm, Marla M Husch, Ray R Maddox, Nicole McDonald, Julie McGuire, Sally Rafie, Emilee Robertson, Deb Saine, Melinda D Sawyer, Lisa P Smith, Kristy Dixon Stinger, Timothy W Vanderveen, Elizabeth Wade, Catherine S Yoon, Stuart Lipsitz, D W Bates) • Patient safety and the problem of many hands (Mary Dixon-Woods, Peter J Pronovost)

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 QS9 **Chronic heart failure** in adults
<https://www.nice.org.uk/guidance/qs9>
- NICE Guideline NG42 **Motor neurone disease**: assessment and management
<https://www.nice.org.uk/guidance/ng42>
- NICE Guideline NG43 **Transition from children’s to adults’ services** for young people using health or social care services <https://www.nice.org.uk/guidance/ng43>

[UK] *Crossing professional boundaries: a toolkit for collaborative working*

<http://www.kingsfund.org.uk/projects/future-focused-finance-toolkit>

The King's Fund in the UK was commissioned to develop a toolkit designed to help finance and clinical staff think about how well they work together and find ways to improve collaboration. The toolkit is aimed at leaders from NHS clinical and finance teams who want to encourage collaboration across professional boundaries.

[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:

- Management of **Renal Masses** and Localized **Renal Cancer**
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2186>
- Diagnosis of **Gout** <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2189>

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