AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



On the Radar

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On the Radar

Editor: Dr Niall Johnson <u>niall.johnson@safetyandquality.gov.au</u> Contributors: Niall Johnson

Reports

Chronic failure in primary medical care

Swerissen H, Duckett SJ, Wright J

Melbourne: Grattan Institute; 2016 March 2016. 50 p.

URL	http://grattan.edu.au/report/chronic-failure-in-primary-care/	
Notes	 This latest report from the Grattan Institute asserts that the Australian primary care is proving sub-optimal care for patients with chronic diseases. The report's authors claim that ineffective management of chronic diseases costs the Australian health system more than \$320 million each year in avoidable hospital admissions that the primary care system provides only half the recommended care for many chronic conditions each year there are more than a quarter of a million admissions to hospital for health problems that potentially could have been prevented. Chronic conditions affect many Australians and the numbers have been growing. To address these primary care needs to function well. This report argues, as have others, that the fee-for-service model is unsuited to managing and preventing chronic disease. The authors perceive a role for Primary Health Networks in helping patients receive better care for their chronic conditions. 	

Patient Safety: Hospitals Face Challenges Implementing Evidence-Based Practices United States Government Accountability Office

asington, DC. Onited States Government Accountability Office, 2010.	
URL	http://www.gao.gov/products/GAO-16-308
Notes	It is no secret that implementation (and sustained implementation and impact) is where some of the biggest challenges lie in safety and quality interventions. This brief (34-page) report from the US U.S. Government Accountability Office (GAO) examined how six American hospitals tried to implement a number of evidence- based safety practices. Three key challenges affected the efforts to implement evidence-based patient safety practices, including: 1. Obtaining data to identify adverse events in their own hospitals 2. Determining which patient safety practices should be implemented 3. Ensuring that staff consistently implement the practices over time.

Washington, DC: United States Government Accountability Office; 2016.

Journal articles

Interprofessional teamwork and team interventions in chronic care: A systematic review Körner M, Bütof S, Müller C, Zimmermann L, Becker S, Bengel J Journal of Interprofessional Care. 2016;30(1):15-28.

ournal of interprotessional Care. 2010,30(1):13-26.		
DOI	http://dx.doi.org/10.3109/13561820.2015.1051616	
Notes	In some ways linking to the Grattan Institute report above, this systematic review sought to examine the evidence around teamwork and teams for chronic disease care. While from the 23 include studies there was evidence that there are interventions that have been successful in improving teamwork and safety culture, "there is no consensus about the main features of IPT [interprofessional teamwork] and the most effective team interventions in chronic care. However, the findings may be used to standardize the implementation and evaluation of IPT and team interventions in practice and for further research."	

Improving the governance of patient safety in emergency care: a systematic review of interventions Hesselink G, Berben S, Beune T, Schoonhoven L

BMJ Open. 2016;6(1).

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DOI	http://dx.doi.org/10.1136/bmjopen-2015-009837	
Notes	At first glance it would seem that managing patient safety may be more straightforward in some settings than others. One setting that may seem more challenging is that of emergency care. This article reports on a systematic review that sought to focus on interventions that aim to improve the governance of patient safety within emergency care on effectiveness, reliability, validity and feasibility. From, the 18 included studies that authors found "The use of a simulation-based training programme and well-designed incident reporting systems led to a statistically significant improvement of safety knowledge and attitudes by ED staff and an increase of incident reports within EDs, respectively."	

Parent-reported errors and adverse events in hospitalized children Khan A, Furtak SL, Melvin P, Rogers JE, Schuster MA, Landrigan CP JAMA Pediatrics. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jamapediatrics.2015.4608
	This paper reports on the study in a US hospital of parents perceptions of safety
	incidents affecting their children. The study was prospective cohort study
	conducted in 2 general paediatric units at a children's hospital between May 2013
	and October 2014. Parents of randomly selected inpatients (ages 0-17 years) were
	invited to participate via written survey whether their child experienced any safety
	incidents during their hospitalisation. Two reviewers classified the incidents and
	then categorised medical errors as harmful or non-harmful Patient medical records
	were also reviewed to determine the number of parent-reported errors that were
	present in the medical record.
	The authors report that "Of the 383 parents surveyed (81% response rate), 34
Notes	parents (8.9%) reported 37 safety incidents. Among these, 62% (n = 23, 6.0 per
	100 admissions) were determined to be medical errors on physician review, 24%
	(n=9) were determined to be other quality problems, and 14% $(n=5)$ were
	determined to be neither. Thirty percent ($n = 7$, 1.8 per 100 admissions) of medical
	errors caused harm".
	The authors concluded that "Parents frequently reported errors and preventable
	AEs, many of which were not otherwise documented in the medical record.
	Families are an underused source of data about errors, particularly preventable
	AEs. Hospitals may wish to consider incorporating family reports into routine
	safety surveillance systems." These conclusions are in line with other similar
	studies showing that patients and their families can add a useful perspective.

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/

Accuracy of the Safer Dx Instrument to Identify Diagnostic Errors in Primary Care Al-Mutairi A, Meyer AND, Thomas EJ, Etchegaray JM, Roy KM, Davalos MC, et al Journal of General Internal Medicine. 2016:1-7.

DOI	http://dx.doi.org/10.1007/s11606-016-3601-x
Notes	Recent years have seen the emergence of the issue of diagnostic error. This article
	describes the development and characteristics of a structured tool to assist in the
	reviewing of medical records to determine if a diagnostic error occurred. The tool,
	the Safer Dx, consists of 11 questions assessing diagnostic processes in the patient–
	provider encounter and a main outcome question to determine diagnostic error.

Patient Safety Science in Cardiothoracic Surgery: An Overview Sanchez JA, Ferdinand FD, Fann JI

The Annals of Thoracic Surgery. 2016;101(2):426-33.

DOI	http://dx.doi.org/10.1016/j.athoracsur.2015.12.034
Notes	As has been noted previously, there are many aspects of patient safety and quality that are pertinent across domains of care and there are also facets that can be specific to particular domains. This commentary focuses on cardiothoracic surgery and reviews how understanding issues such as human error, accident causation, and high reliability can improve safety of care delivered by cardiac surgical teams.

BMJ Quality and Safety April 2016, Vol. 25, Issue 4

April 2016, Vol. 25, Issue 4		
URL	http://qualitysafety.bmj.com/content/25/4	
URL Notes	 http://qualitysafety.bmj.com/content/25/4 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: Editorial: Does Tall Man lettering prevent drug name confusion errors? Incomplete and conflicting evidence suggest need for definitive study (Bruce L Lambert, Scott R Schroeder, William L Galanter) Editorial: The health information technology safety framework: building great structures on vast voids (Ross Koppel) Editorial: To RCT or not to RCT? The ongoing saga of randomised trials in quality improvement (Gareth Parry, Maxine Power) Why evaluate 'common sense' quality and safety interventions? (Angus IG Ramsay, Naomi J Fulop) Measuring and improving patient safety through health information technology: The Health IT Safety Framework (Hardeep Singh, Dean F Sittig) Tall Man lettering and potential prescription errors: a time series analysis of 42 children's hospitals in the USA over 9 years (Wenjun Zhong, James A Feinstein, Neil S Patel, Dingwei Dai, Chirs Feudtner) One size fits all? Mixed methods evaluation of the impact of 100% single-room accommodation on staff and patient experience, safety and costs (Jill Maben, Peter Griffiths, Clarissa Penfold, Michael Simon, Janet E Anderson, Glenn Robert, Elena Pizzo, Jane Hughes, Trevor Murrells, James B Slaven, Zhangsheng Yu, Danielle Sager, Jennifer Myers, Laurie Plue, Heather Woodward-Hagg, Teresa M Damush) Findings from a novel approach to publication guideline revision: user road testing of a draft version of SQUIRE 2.0 (Louise Davies, Kyla Z Donnelly, Daisy J Goodman, Greg Ogrinc) Developing a primary care patient measure of safety (PC PMOS): a modified Delphi process and face validity testing (Andrea L Hernan, Sally J Giles, Jane K	

Health Expectations

Volume 19, Issue 2, April 2016

URL	http://onlinelibrary.wiley.com/doi/10.1111/hex.2016.19.issue-2/issuetoc
Notes	A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:

•	Editorial Briefing: Patient participation in contemporary health care : promoting a versatile patient role (Kyriakos Souliotis)
•	Patients' expectations of medicines – a review and qualitative synthesis (Ulrica Dohnhammar, Joanne Reeve and Tom Walley)
•	Self-management support from the perspective of patients with a chronic condition: a thematic synthesis of qualitative studies (Jolanda Dwarswaard, Ellen J M Bakker, AnneLoes van Staa and Hennie R Boeije)
•	Service user involvement in mental health care: an evolutionary concept
	analysis (Samantha L Millar, Mary Chambers and Melanie Giles) Seeing it through their eyes: a qualitative study of the pregnancy
	experiences of women with a body mass index of 30 or more (Tina Lavender and Debbie M Smith)
•	Development and validation of a question prompt list for parents of
	children with attention-deficit/hyperactivity disorder : a Delphi study (Rana Ahmed, Kirsten J McCaffery and Parisa Aslani)
•	Trust, temporality and systems: how do patients understand patient safety
	in primary care ? A qualitative study (Penny Rhodes, Stephen Campbell and Caroline Sanders)
•	Combined verbal and numerical expressions increase perceived risk of medicine side-effects : a randomized controlled trial of EMA
	recommendations (Peter Knapp, Peter H Gardner and Elizabeth Woolf)
•	Experiences and preferences of patients visiting an otorhinolaryngology
	outpatient clinic: a qualitative study (Janneke E van Leijen-Zeelenberg, Geert Willem Huismans, Jeroen A S Bisschop, Jan Wouter Brunings, Arno
	J A van Raak, Dirk Ruwaard, Hubertus J M Vrijhoef and Bernd Kremer)
•	Factors associated with a positive attitude towards receiving cancer
	information : a population-based study in Spain (Belén Sanz-Barbero, María Eugenia Prieto and Naiara Cambas)
•	Patients' expectations about total knee arthroplasty outcomes (Sofia de Achaval, Michael A Kallen, Benjamin Amick, Glenn Landon, Sherwin Siff, David Edelstein, Hong Zhang and Maria E Suarez-Almazor)
•	An exploration of how young people and parents use online support in the context of living with cystic fibrosis (Susan Kirk and Linda Milnes)
•	Exploring access and attitudes to regular sexually transmitted infection
	screening: the views of young, multi-ethnic, inner-city, female students
	(Rebecca Normansell, Vari M Drennan and Pippa Oakeshott) Involving patients in health technology funding decisions: stakeholder
•	perspectives on processes used in Australia (Edilene Lopes, Jackie Street,
	Drew Carter and Tracy Merlin)
•	The NHS Health Check programme: insights from a qualitative study of
	patients (Hanif Ismail and Karl Atkin)
•	Association between patient activation and patient-assessed quality of
	care in type 2 diabetes : results of a longitudinal study (Eindra Aung, Maria Donald, Joseph R Coll, Gail M Williams and Suhail A R Doi)
•	From admission to discharge in mental health services: a qualitative
	analysis of service user involvement (Nicola Wright, Emma Rowley, Arun
	Chopra, Kyriakos Gregoriou and Justin Waring)
•	GPs' perceptions and experiences of public awareness campaigns for
	cancer: a qualitative enquiry (Trish Green, Karl Atkin and Una Macleod)

•	It's complicated – Factors predicting decisional conflict in prenatal
	diagnostic testing (Cécile Muller and Linda D Cameron)
•	Teenage mothers of black and minority ethnic origin want access to a
	range of mental and physical health support: a participatory research
	approach (Maria Muzik, R Kirk, E Alfafara, J Jonika and R Waddell)
•	A qualitative exploration of the impact of the economic recession in Spain
	on working, living and health conditions: reflections based on immigrant
	workers' experiences (Elena Ronda, Erica Briones-Vozmediano, Tanyse
	Galon, Ana M García, Fernando G Benavides and A A Agudelo-Suárez)
•	Mismatch between health-care professionals' and patients' views on a
	diabetes patient decision aid: a qualitative study (Ping Yein Lee, Ee Ming
	Khoo, Wah Yun Low, Yew Kong Lee, Khatijah Lim Abdullah, Syahidatul
	Akmal Azmi and Chirk Jenn Ng)
•	Assessing subjective quality of life domains after multiple sclerosis
	diagnosis disclosure (Katia Mattarozzi, Federica Casini, Elisa Baldin,
	Martina Baldini, Alessandra Lugaresi, Paola Milani, Erika Pietrolongo,
	Alberto Gajofatto, Maurizio Leone, Trond Riise, Luca Vignatelli, Roberto
	D'Alessandro and on behalf of G.E.Ro.N.I.Mu.S. group)
•	Barriers to shared decision making in mental health care: qualitative
	study of the Joint Crisis Plan for psychosis (Simone Farrelly, Helen Lester,
	Diana Rose, Max Birchwood, Max Marshall, Waquas Waheed, R Claire
	Henderson, George Szmukler and Graham Thornicroft)
•	Does a decision aid for prostate cancer affect different aspects of
	decisional regret, assessed with new regret scales? A randomized,
	controlled trial (Julia J van Tol-Geerdink, Jan Willem H Leer, C J Wijburg,
	I M van Oort, H Vergunst, E J van Lin, J A Witjes and P F M Stalmeier)
•	Monitoring and evaluation of patient involvement in clinical practice
	guideline development: lessons from the Multidisciplinary Guideline for
	Employment and Severe Mental Illness, the Netherlands (Alida . van der
	Ham, Nicole van Erp and Jacqueline E W Broerse)
	Patients' perspectives on the role of their complaints in the regulatory
	process (Renée Bouwman, Manja Bomhoff, Paul Robben and R Friele)

HealthcarePapers Vol. 15 No. 3 2016

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URL <u>h</u>	http://www.longwoods.com/publications/healthcarepapers/24404	
A F	 A new issue of <i>HealthcarePapers</i> has been published with the theme 'A Policy Framework for Health Systems to Promote Triple Aim Innovation'. Articles in this ssue of <i>HealthcarePapers</i> include: Guest Editorial: Moving from a Learning-Disabled to a Rapid-Learning Healthcare System: Good Governance for Innovation (Geoffrey M Anderson) A Policy Framework for Health Systems to Promote Triple Aim Innovation (Amol Verma and Sacha Bhatia) Taking Triple Aim at the Triple Aim (Stirling Bryan and Cam Donaldson) The Culture of Care (Ewan Affleck) The Need for Bold Thinking (Mimi Lowi-Young and Gwen DuBois-Wing) Promoting Triple Value Healthcare in Countries with Universal Healthcare (Muir Gray and Anant Jani) 	

Strategic Clinical Networks: Alberta's Response to Triple Aim (Tom
Noseworthy, Tracy Wasylak and Blair J. O'Neill)
• The Triple Aim is the Right Framework for Healthcare Innovation in
Canada (Amol Verma and Sacha Bhatia)

Healthcare Policy Vol. 11 No. 3, 2016

URL http://www.longwoods.com/publications/healthcarepapers/24408 A new issue of Healthcare Policy has been published. Articles in this issue of Healthcare Policy include: • Editorial: De-prescribing: When Less Is More in Healthcare (Jennifer Zelmer)	
 <i>Healthcare Policy</i> include: Editorial: De-prescribing: When Less Is More in Healthcare (Jennifer Zelmer) 	
 Usefulness of a KT Event to Address Practice and Policy Gaps Related Integrated Care (Karen Jackson, Omenaa Boakye and Nicole Wallace Examining Primary Healthcare Performance through a Triple Aim (Bridget L Ryan, Judith Belle Brown, Richard H Glazier and B Hutch Cross Border Healthcare Requests to Publicly Funded Healthcare Insurance: Empirical Analysis (Lydia Stewart Ferreira) Patient Satisfaction with Wait-Times for Breast Cancer Surgery in Newfoundland and Labrador (Maria Mathews, Dana Ryan, Vereesh G and Roy West) Impact of Type of Medical Specialist Involvement in Chronic Illness on Emergency Department Use (Jean-Louis Larochelle, Debbie Ehr Feldman and Jean-Frédéric Levesque) Inappropriate Ambulance Use: A Qualitative Study of Paramedics' Views (D DeJean, M Giacomini, M Welsford, L Schwartz and P Deci Makers (Nathalie Clavel, Carolyn De Coster, Marie-Pascale Pomey, Claudia Sanmartin, Éric Bohm, Michael J. Dunbar, Cy Frank, Gillian Hawker and Tom Noseworthy) 	ed to e) Lens ison) eadag Care mann

Milbank Quarterly December 2015 (Volume 93, Issue 4)

URL	http://www.milbank.org/the-milbank-quarterly/current-issue
	A new issue of the Milbank Quarterly has been published. Articles in this issue of
	the Milbank Quarterly include:
	• Shelter in the Storm: Health Care Systems and Climate Change (Georges
	C Benjamin)
	• The US Supreme Court and the Future of Reproductive Health (Sara
	Rosenbaum)
	• Big Pharma Profits and the Public Loses (Catherine D DeAngelis)
Notes	Global Health Security After Ebola: Four Global Commissions (Lawrence
	O Gostin)
	• Robotic Surgery : An Example of When Newer Is Not Always Better but
	Clearly More Expensive (Gail R Wilensky)
	• Injurious Inequalities (David Rosner)
	• Knowledge of and Attitudes Toward Evidence-Based Guidelines for and
	Against Clinical Preventive Services: Results from a National Survey
	(Paula M Lantz, W Douglas Evans, Holly Mead, C Alvarez, and L Stewart)
L	

• Differing Strategies to Meet Information-Sharing Needs : Publicly Supported Community Health Information Exchanges Versus Health
Systems' Enterprise Health Information Exchanges (JR Vest and B A Kash)
• Strategic Planning in Population Health and Public Health Practice : A
Call to Action for Higher Education (Charles Phelps, Guruprasad
Madhavan, Rino Rappuoli, Scott Levin, Edward Shortliffe, and R Colwell)
• Evidence and the Politics of Deimplementation : The Rise and Decline of
the "Counseling and Testing" Paradigm for HIV Prevention at the US
Centers for Disease Control and Prevention (David Merritt Johns, Ronald
Bayer, and Amy L Fairchild)
• Community-Academic Partnerships: A Systematic Review of the State of
the Literature and Recommendations for Future Research (Amy Drahota,
Rosemary D Meza, Brigitte Brikho, Meghan Naaf, Jasper A Estabillo,
Emily D Gomez, S F Vejnoska, S Dufek, A C Stahmer, and G A Aarons)

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: Premature closure ? Not so fast (Gurpreet Dhaliwal)
	• Information transfer in multidisciplinary operating room teams: a
	simulation-based observational study (David Cumin, Carmen Skilton,
	Jennifer Weller)

Online resources

[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:

- Noninvasive Treatments for Low Back Pain
 <u>https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2192</u>
- *Management of Gout* <u>https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2196</u>
- Lung Cancer Screening Decision Aid and Tools for Health Care Professionals and Patients <u>https://www.effectivehealthcare.ahrq.gov/tools-and-resources/patient-decision-aids/lung-cancer-screening/</u>

[USA] CDC Guideline for Prescribing Opioids for Chronic Pain http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm

The US Centers for Disease Control and Prevention have released this guideline providing recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses

- 1) when to initiate or continue opioids for chronic pain;
- 2) opioid selection, dosage, duration, follow-up, and discontinuation; and
- 3) assessing risk and addressing harms of opioid use.

The guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including abuse, dependence, overdose, and death.

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