On the Radar

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On the Radar
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Contributors: Niall Johnson, Alice Bhasale, Amanda Mulcahy

Reports

Improving the patient experience through the health care physical environment
Health Research & Educational Trust

URL http://www.hpoe.org/resources/hpoehretaha-guides/2823

| Notes | The US HPOE (Hospitals in Pursuit Of Excellence) have released this short (23-page) guide that describes how hospital and health system leaders can use the hospital physical environment to improve the patient experience. The guide describes a "people, process, place" model that will help hospital and health system leaders identify people-centred ways to improve the patient experience of care through:
|         | • establishing a culture of caring;
|         | • implementing process improvements, such as processes that support patients and staff; and
|         | • making improvements to the place of care, including the hospital physical environment, technology and furniture.
|         | The guide includes case studies; a hospital leader checklist; a template for using the people, process and place model; a detailed table outlining eight domains of care measured by the HCAHPS survey with observed relationships to the physical environment; and additional resources list. |
Journal articles

Resistance sans frontières: containing antimicrobial resistance nationally and globally
Turnidge J, Baggoley C, Schipp M, Martin R

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<tr>
<th>DOI</th>
<th><a href="http://dx.doi.org/10.5694/mja15.01304">http://dx.doi.org/10.5694/mja15.01304</a></th>
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<td>Notes</td>
<td>This article explains in simple terms the intrinsically evolving problem of antimicrobial resistance, and why a global strategy, (in every sense of the word), is essential. The authors describe the seven elements of Australia’s First National Antimicrobial Resistance Strategy, released in 2015, which is described as the first “to fully embrace the idea that resistance has no borders. The authors conclude with the exhortation that “All prescribers and users of antimicrobials have a responsibility to preserve their long term effectiveness and to protect the health of their nation’s citizens, animals and ecosystems. With the ever increasing global movements of people, animals and goods, all nations must work together to protect each other. Resistant bugs don’t respect borders.”</td>
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English as a second language and outcomes of patients presenting with acute coronary syndromes: results from the CONCORDANCE registry

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<td>Notes</td>
<td>This analysis of the CONCORDANCE registry of patients presenting with Acute Coronary Syndromes suggests a discrepancy in mortality for patients reporting English as a second language (ESL), which could not be fully explained in the analysis by differences in baseline characteristics. As the accompanying editorial by Phillips notes, the two major reasons for differences in outcomes for linguistically diverse people are social determinants of health, and differences relating to their experience of health care. While it is not possible to draw too many conclusions from this analysis, it does warrant further consideration of the communication and other cultural issues that may be involved in communication with patients, decision-making regarding invasive therapy, adherence to preventive treatment, rehabilitation and other predictors of outcome. The 1005 ESL patients in CONCORDANCE differed at presentation from patients with English as a first language (EFL), with ESL patients being younger, more likely to smoke and to have diabetes mellitus, a prior myocardial infarction, heart failure or chronic renal failure. In-hospital mortality was higher for ESL patients (7.1% v 3.8% for EFL patients; P &lt; 0.001) as was 6-month mortality (13.8% v 8.3% for EFL group; P &lt; 0.001). Rates of cardiac catheterisation, percutaneous coronary intervention rates, and referral to cardiac rehabilitation were lower in the ESL group. Language was a predictor of 6-month mortality in addition to age, in-hospital renal failure, and recurrent ischaemia, suggesting that differences in outcomes might not only be explained biologically.</td>
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Transformational change in healthcare: an examination of four case studies
Charlesworth K, Jamieson M, Davey R, Butler CD

| DOI | In this article, the characteristics of success for transformational change in healthcare are explored through four case studies from the US, UK and Australia. Multiple sources of evidence were used to investigate each case study. Some common observations between case studies are: In most case studies, there was a clear case for change because the preceding health system was very poor A well-communicated narrative existed for each case study with evidence-based rationale for why change was needed In most cases, health professional and patient engagement and consultation was paramount A clear delineation of responsibility and appropriate performance measures and incentives were present System redesign was essential and was facilitated by sophisticated data management Leadership focused on quality of care and the notion of health as a complex adaptive system. |
| Notes | |

Use of Maternal Early Warning Trigger tool reduces maternal morbidity
Shields LE, Wiesner S, Klein C, Pelletreau B, Hedriana HL

| DOI | Paper describing the development and the implementation of a clinical pathway-specific Maternal Early Warning Trigger (MEWT) tool pilot study undertaken in 6 of 29 hospitals within a large hospital system in the USA. The study covered 36,832 deliveries at the pilot sites (24,221 pre- and 12,611 post-MEWT testing) and 146,359 at the non-pilot sites (95,718 pre- and 50,641 post-MEWT testing) during the 2 study time periods. The tool targeted the four most common causes of maternal morbidity: haemorrhage, preeclampsia, sepsis, and cardiac dysfunction. The authors report that “Use of the MEWT tool resulted in significant reductions in…severe maternal morbidity (P < 0.01) and composite morbidity (P < 0.01). ICU admissions were unchanged. At non-pilot sites CDC severe maternal morbidity, composite morbidity, and ICU admissions were unchanged between baseline and the post-MEWT testing time period.” |
| Notes | |
This systematic review sought to examine the evidence about the participation of parents in the promotion of hand hygiene in paediatric settings. Focussing on 11 studies the researchers found that the parents’ “willingness to remind healthcare workers about a failed opportunity to perform hand hygiene was variable and, overall, rather low. Parents felt more comfortable about reminding healthcare workers about hand hygiene if they had previously been invited to do so.” For parents to act as advocates or even enforcers of hand hygiene will require further change.

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

This paper reports on a study that examined 22 “position papers published by national and international professional associations, expert panels, consortia, centers and institutes, and convened committees, in the domain of patient safety and QI.” The list of bodies is heavily focused on North America and some of the sources are a tad dated. The authors reveal a concern about the breadth of competencies and “instead encourage development of an international consensus on the essential KSA [knowledge, skills and attitudes] for patient safety and QI [quality improvement] across all health professions and all levels of skill acquisition.”

A new issue of Australian Health Review has been published. Articles in this issue of Australian Health Review include:

- **Reducing hospitalisation** among people living with severe mental illness (Shannon McDermott, Jasmine Bruce, Kristy Muir, Ioana Ramia, Karen R Fisher and Jane Bullen)
- On the right path? Exploring the experiences and opinions of clinicians involved in developing and implementing HealthPathways Barwon (Sarah J Mansfield, Frances Quirk, Kathryn von Treuer and Gerard Gill)
- **Model of care** for a changing healthcare system: are there foundational pillars for design? (Catriona Booker, Adam Turbutt and Robyn Fox)
- State of origin: Australian states use widely different resources for hospital management of hip fracture, but achieve similar outcomes (Anthony W Ireland, Patrick J Kelly and Robert G. Cumming)
- Who is less likely to die in association with improved National Emergency Access Target (NEAT) compliance for emergency admissions in a tertiary...
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<th>Article Title</th>
<th>Authors</th>
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<td>referral hospital?</td>
<td>Clair Sullivan, Andrew Staib, Rob Eley, Bronwyn Griffin, Rohan Cattell, Judy Flores and Ian Scott</td>
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<td>Two heads are better than one: Australian tobacco control experts’ and mental health change champions’ consensus on addressing the problem of high smoking rates among people with mental illness</td>
<td>Della Rowley, Sharon Lawn and John Coveney</td>
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<td>Transformational change in healthcare: an examination of four case studies</td>
<td>Kate Charlesworth, Maggie Jamieson, R Davey and C D Butler</td>
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<td>Relationship between organisational commitment and burnout syndrome: a canonical correlation approach</td>
<td>Ozgur Enginyurt, Soner Cankaya, Kadir Aksay, Taner Tunc, Bozkurt Koc, Orhan Bas and Erdal Ozer</td>
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<td>Allied health: integral to transforming health</td>
<td>Lucyllyn Lizarondo, Catherine Turnbull, Tracey Kroon, Karen Grimmer, Alison Bell, Saravana Kumar, Maureen McEvoy, Steve Milanese, Mary Russell, Lorraine Sheppard, Julie Walters and Louise Wiles</td>
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<td>A new venture in interdisciplinary student learning in a co-located health service</td>
<td>Kathryn Powell, Nigel Stocks and Caroline Laurence</td>
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<td>Training a system-literate care coordination workforce</td>
<td>Lucio Naccarella, Richard H Osborne and Peter M Brooks</td>
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**Health Affairs**

1 April 2016; Vol. 35, No. 4

**URL** [http://content.healthaffairs.org/content/35/4.toc](http://content.healthaffairs.org/content/35/4.toc)

**Notes**

A new issue of *Health Affairs* has been published with the theme ‘Patients’ & Consumers’ Use Of Evidence’. Articles in this issue of *Health Affairs* include:

- The **Patient Engagement Imperative** (Alan R Weil)
- Understanding An Informed Public’s Views On The Role Of Evidence In Making Health Care Decisions (Kristin L Carman, Maureen Maurer, Rikki Mangrum, Manshu Yang, Marjorie Ginsburg, Shoshanna Sofaer, Marthe R Gold, Ela Pathak-Sen, D Gilmore, J Richmond, and J Siegel)
- Incorporating **Patient-Reported Outcomes** Into Health Care To Engage Patients And Enhance Care (Danielle C Lavallee, Kate E Chenok, Rebecca M Love, Carolyn Petersen, Erin Holve, C D Segal, and P D Franklin)
- The **Ethical Imperative And Moral Challenges Of Engaging Patients And The Public With Evidence** (Mildred Z Solomon, Michael K Gusmano, and Karen J Maschke)
- **Authentic Engagement Of Patients And Communities** Can Transform Research, Practice, And Policy (Steven H Woolf, Emily Zimmerman, Amber Haley, and Alex H Krist)
- **Patient-Centered Outcomes Research**: Early Evidence From A Burgeoning Field (Bara Vaida)
- Shaping Studies To Meet Patients’ Needs (Tracy Gnadinger)
- **Enhancing Shared Decision Making** Through Carefully Designed Interventions That Target Patient And Provider Behavior (Ming Tai-Seale, Glyn Elwyn, Caroline J Wilson, Cheryl Stults, Ellis C Dillon, Martina Li, Judith Chuang, Amy Meehan, and Dominick L Frosch)
- Reinventing The Wheel Of **Medical Evidence**: How The Boot Camp Translation Process Is Making Gains (John M Westfall, Linda Zittleman, Maret Felzien, Ned Norman, M Tamez, P Backlund-Jarquin, and D Nease)
A new issue of *Healthcare Quarterly* has been published. Articles in this issue of *Healthcare Quarterly* include:

- **Influencing Change**: Preparing the Next Generation of Clinicians to Practice in the Digital Age (Cynthia Baker, Maureen Charlebois, Harold Lopatka, Geneviève Moineau and Jennifer Zelmer)
- **Opioid Use and Overdose**: What We’ve Learned in Ontario (Tara Gomes and David N Juurlink)
- Trends in **Income-Related Health Inequalities** in Canada (Jean Harvey, Geoffrey Hynes and Erin Pichora)
- The Puck Stops Here: Taking **Organizational Accountability** Seriously (Stephen Pinney and Anita Ho)
- The Upstream Hospital Leader: Taking Action to Improve **Population Health** (Ross Graham and Ryan Meili)
- Leading **Integrated Health and Social Care Systems**: Perspectives from Research and Practice (Jenna Evans, Stacey Daub, Jodeme Goldhar, Anne Wojtak and Dipti Purbhoo)
- The **Physician Quality Improvement Initiative**: Engaging Physicians in Quality Improvement, Patient Safety, Accountability and their Provision of High-Quality Patient Care (Kirsten Wentlandt, Niki Degendorfer, Catherine Clarke, Hayley Panet, Jim Worthington, R F McLean and C K N Chan)
- Conducting Effective **Physician Performance Feedback**: A Primer for Healthcare Leaders (Amy H Y Cheng, Jason Manayathu, Douglas Sinclair, D. Elizabeth Tullis and Glen Bandiera)
- **Self-Management Support in Chronic Care**: Practice Implementation Lessons for Healthcare Providers from an Atlantic Collaborative (Claudia Amar, Jenn Verma, Darla King, D MacAusland, T Harper and M Vallis)
- **Engaging Patients** in Online Self-Care Technologies for Chronic Disease Management (Peter Picton, Sara Urowitz, David Wiljer and J A Cafazzo)
- **Micro Data**: **Wearable Devices** Contribution to Improved **Chronic Disease Management** (Bob Parke and Andria Bianchi)
- **Patient Safety Incident Reporting**: Current Trends and Gaps Within the Canadian Health System (Sarah Boucaud and Danielle Dorschner)
- GET POKED: Comparing an Incentive-Based Flu Campaign with Vaccinate-or-Mask Policies to Boost **Influenza Vaccination** Rates Among Healthcare Workers (Seema Marwaha, Bailey Lorv, Susanne Henseleit and Ngozi Iroanyah)
- A Dozen Strategies along the Ten Steps **Baby-Friendly Initiative** Journey (Ann Salvador, Louise Dumas, Barbara Davies, Marie-Josée Emard and Kim Lortie)

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**BMJ Quality and Safety** online first articles

- **Learning from incidents** in healthcare: the journey, not the arrival, matters (Ian Leistikow, Sandra Mulder, Jan Vesseur, Paul Robben)

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Online resources

Planning and Evaluation Wizard
http://www.flinders.edu.au/medicine/sites/pew/
The South Australian Community Health Research Unit at Flinders University have developed their Planning and Evaluation Wizard (PEW) to provide simple access to planning and evaluation tools that are relevant to health promotion or primary health care projects. It is hoped that the PEW will help demystify the jargon associated with project planning, evaluation, and report writing, as well as provide practical assistance and examples.

[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 NG45 Routine preoperative tests for elective surgery
  https://www.nice.org.uk/guidance/ng45
- Quality Standard QS22 Antenatal care https://www.nice.org.uk/guidance/qS22

[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:

- For Clinicians: Interventions To Improve Antibiotic Prescribing for Uncomplicated Acute Respiratory Tract Infections http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2200
- Early Diagnosis, Prevention, and Treatment of Clostridium difficile: Update http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2208

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