



On the Radar

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On the Radar

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Reports

Professional Standards for Cosmetic Surgery
Royal College of Surgeons of England
London: Royal College of Surgeons of England; 2016. p. 21.

Guidance for doctors who offer cosmetic interventions
General Medical Council
London: General Medical Council; 2016. p. 24.

URL	https://www.rcseng.ac.uk/publications/docs/professional-standards-for-cosmetic-surgery/ http://www.gmc-uk.org/guidance/ethical_guidance/28687.asp
Notes	The UK's Royal College of Surgeons (RCS) and General Medical Council (GMC) have simultaneously released guidance around cosmetic surgery. The RCS guidance has been updated with the aim of improving patient safety and standards within the cosmetic surgery industry. It stipulates that only surgeons with the appropriate training and experience should undertake cosmetic surgery and outlines the ethics and behaviour expected of cosmetic surgeons. The GMC's guidance accompanies the RCS guidance and outlines the ethical obligations that doctors have towards patients and the standards of care that they need to provide during cosmetic procedures.

	Both documents have sections on Knowledge, skills and performance, Safety and quality, Communication, partnership and teamwork and Maintaining trust.
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The National Emergency Access Target: aiming for the target but what about the goal?

Deeble Institute Issues Brief No 16

Silk K

Canberra: Australian Healthcare and Hospitals Association; 2016. p. 18.

URL	https://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no_16_silk.pdf
Notes	<p>This issues brief from the Deeble Institute examines the National Emergency Access Target (NEAT) that was adopted across Australia in 2011. The NEAT was based on the premise that spending less than 4 hours in the emergency department (ED) would improve patient care. The NEAT used a single time based target to incentivise patient flow through ED with the eventual goal that 90% of patients presenting to the ED would be discharged, transferred or admitted within 4 hours. This brief reports that evidence suggests that:</p> <ul style="list-style-type: none"> • the NEAT has resulted in increases in hospital admissions potentially adding to access block and reducing patient flow with reports of prioritising patients as they approach 4-hours and data manipulation • implementation of the NEAT through a single incentivised process indicator presents risks to healthcare quality, appropriateness and safety, with potential for inadequate assessment and treatment due to rushed decision-making.

Journal articles

Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America

Barlam TF, Cosgrove SE, Abbo LM, MacDougall C, Schuetz AN, Septimus EJ, et al

Clinical Infectious Diseases. 2016 [epub].

DOI	http://dx.doi.org/10.1093/cid/ciw118
Notes	A multidisciplinary expert panel convened by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America has developed these evidence-based guidelines for the implementation and measurement of antibiotic stewardship interventions in inpatient populations including long-term care. These recommendations describe best practices for antibiotic stewardship programs to influence the optimal use of antibiotics in the US context.

For information on the Commission's work on antimicrobial stewardship, see

<http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/>

For information on the Commission's work on the Antimicrobial Use and Resistance in Australia

Project, see <http://www.safetyandquality.gov.au/national-priorities/amr-and-au-surveillance-project/>

A PICU patient safety checklist: rate of utilization and impact on patient care
 Mckelvie BL, McNally JD, Menon K, Marchand MGR, Reddy DN, Creery WD
 International Journal for Quality in Health Care. 2016 [epub].

DOI	http://dx.doi.org/10.1093/intqhc/mzw042
Notes	Checklists have proliferated across health care settings in recent years. This article describes the use of a patient safety focused checklist in the paediatric intensive care unit (PICU) in a Canadian children’s hospital. The checklist in question has been in use since 2007 and this study (conducted on 28 days between September 2013 and February 2014) sought to assess compliance with checklist use and to assess how often individual checklist elements affected patient management. A secondary objective was to determine whether patient and unit factors (severity of illness, unit census, weekday vs. weekend, admitting diagnosis group) influenced checklist use. While the study only covered 148 patients it did find high rates of compliance and that checklist use frequently resulted in a change in the patient management plan.

Effect of a quality improvement intervention with daily round checklists, goal setting, and clinician prompting on mortality of critically ill patients: A randomized clinical trial
 Writing Group for the Checklist-ICU Investigators and the Brazilian Research in Intensive Care Network (BRICNet)
 Journal of the American Medical Association. 2016;315(14):1480-90.

DOI	http://dx.doi.org/10.1001/jama.2016.3463
Notes	Also on the issue of checklists (and also in the ICU setting) is this much larger Brazilian study that sought to examine the impact of checklists (and other aspects of multifaceted quality improvement intervention, including daily goal assessments, and clinician prompts) on the in-hospital mortality of critically ill adults. In this study there was “no significant difference in in-hospital mortality between the intervention group and the usual care group, with 1096 deaths (32.9%) and 1196 deaths (34.8%), respectively (odds ratio, 1.02; 95% CI, 0.82-1.26; P = .88).”

Medical errors: Disclosure styles, interpersonal forgiveness, and outcomes
 Hannawa AF, Shigemoto Y, Little TD
 Social Science & Medicine. 2016;156:29-38.

DOI	http://dx.doi.org/10.1016/j.socscimed.2016.03.026
Notes	This addition to the literature on disclosure after errors identifies the importance of non-verbal communication. This study involved 318 outpatients at an America hospital of were randomly assigned to three hypothetical error disclosure vignettes and then responded to the same forgiveness-related self-report survey. The authors report that “patient empathy and rumination were the strongest predictors of both patient forgiveness and non-forgiveness in the context of medical error disclosures.” They also note that “\he findings also implied that physician nonverbal involvement during error disclosures stimulated a healing mechanism for patients and the physician-patient relationship. Furthermore, this study delivered some evidence that an apology may be more effectively communicated nonverbally rather than verbally. Last but not least, the results suggest that the way in which physicians communicate seems to have a substantial effect on the forgiveness process and relevant outcomes, implying that a physician who discloses a medical error in a nonverbally uninvolved way carries a higher malpractice risk and is less likely to promote healthy, reconciliatory outcomes.”

For information on the Commission’s work on open disclosure, including the *Australian Open Disclosure Framework*, see <http://www.safetyandquality.gov.au/our-work/open-disclosure/>

Integrated care to address the physical health needs of people with severe mental illness: a rapid review

Rodgers M, Dalton J, Harden M, Street A, Parker G, Eastwood A
Health Services and Delivery Research 2016;4(13).

DOI	http://dx.doi.org/10.3310/hsdr04130
Notes	<p>The issue of the physical health care that mental health patients receive has been something of an emerging issue and the importance of integrating the treatment of mental and physical health is more widely appreciated. This rapid review (even though the full report is 160 pages) focused on 45 publications describing 36 separate approaches to integrated care. They report that most service models were multicomponent programmes incorporating two or more of the nine factors: (1) information sharing systems; (2) shared protocols; (3) joint funding or commissioning; (4) co-located services; (5) multidisciplinary teams; (6) liaison services; (7) navigators; (8) research; and (9) reduction of stigma.</p> <p>However, as the authors note, “few of the identified examples were described in detail and fewer still were evaluated, raising questions about the replicability and generalisability of much of the existing evidence.”</p> <p>They also noted some common themes did emerge. These included:</p> <ul style="list-style-type: none"> • Efforts to improve the physical health care of people with serious mental illness should empower people (staff and service users) and help remove everyday barriers to delivering and accessing integrated care. • A need for improved communication between professionals and better information technology to support them • Greater clarity about who is responsible and accountable for physical health care • Awareness of the effects of stigmatisation on the wider culture and environment in which services are delivered.

Primary care services located with EDs: a review of effectiveness

Ramlakhan S, Mason S, O’Keeffe C, Ramtahal A, Ablard S
Emergency Medicine Journal. 2016 [epub].

DOI	http://dx.doi.org/10.1136/emmermed-2015-204900
Notes	<p>There has been interest in how to reduce potentially preventable hospitalisations and presentations to emergency departments (ED) that could be more effectively (and efficiently and cost-effectively) treated in the primary practice. One line of thinking has been to establish primary care services within hospital grounds – often located close to or within the ED. This literature review focused on 20 studies to examine the “impact of general practitioner (GP) delivered, hospital-based (adjacent or within the ED) unscheduled care services on process outcomes, cost-effectiveness and patient satisfaction.” The findings included “A paradoxical increase in attendances ...and the evidence for improved throughput is poor. Marginal savings may be realised per patient, but this is likely to be overshadowed by the overall cost of introducing a new service.” These led to the conclusion that to date “There is little evidence to support the implementation of co-located UCC [unscheduled care centres] models.”</p>

A scoping review of online repositories of quality improvement projects, interventions and initiatives in healthcare

Bytautas JP, Gheihman G, Dobrow MJ
 BMJ Quality & Safety. 2016 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2015-005092				
Notes	<p>Quality improvement (QI) activities occur widely across health care. Much of this activity goes unreported. There are a number of sites/repositories that do allow QI activities to be reported on and searched (such as BMJ Quality Improvement Reports at http://qir.bmj.com/). This article reports on a review of 13 publicly available, web-based QI repositories. The authors report that the 13 sites “used different terminology (eg, practices vs case studies) and approaches to content acquisition, and varied in terms of primary areas of focus. All provided some means for organising content according to categories or themes and most provided at least rudimentary keyword search functionality. Notably, none of the QI repositories included evaluations of their impact.”</p> <p>Summary of included quality improvement (QI) repositories</p>				
		Host organisation	Name of QI repository	Country of origin	No. of included practices
		AcademyHealth	Electronic Data Methods Forum	USA	255
		Accreditation Canada	Leading Practices Database	Canada	1033
		Canadian Foundation for Healthcare Improvement	Patient Engagement Resource Hub	Canada	105
		Canadian HHR Network	HHR Innovations Portal	Canada	52
		Healthcare Improvement Scotland	Positive and Innovative Resources: A Mental Health Interactive Database	UK	100
		Healthy Mendocino	Promising Practices	USA	2178
		IDEAS (Improving and Driving Excellence Across Sectors;)	ShareIDEAS: Health Care Quality Improvement Project Repository	Canada	56
		Institute for Healthcare Improvement	Institute for Healthcare Improvement Resources	USA	446
		NHS Improving Quality	Resource Search>Case Studies	UK	60
		NHS Scotland	Quality Improvement Hub>Case Studies	UK	114
		The Commonwealth Fund	The Commonwealth Fund Case Studies	USA	103
		The Health Foundation	The Health Foundation: Browse Projects and Fellows	UK	262
	US Agency for Healthcare Research and Quality	Health Care Innovations Exchange	USA	919	

Consumer perspectives of medication-related problems following discharge from hospital in Australia: a quantitative study

Eassey D, Smith L, Krass I, McLachlan A, Brien J-A
 International Journal for Quality in Health Care. 2016.

DOI	http://dx.doi.org/10.1093/intqhc/mzw047
Notes	<p>Paper reporting on an Australian study that saw more than 500 patients complete an 80-question survey on their perspectives and experiences regarding medication related problems (MRPs) after discharge from hospital. The patients were 50 or older, taking 5 or more prescription medicines, had been admitted for more than 24 hours within the last 4 months and discharged within the last month.</p> <p>The analysis of the patients’ responses saw four main risk factors of MRPS: health literacy, health status, consumer engagement and medication costs.</p>

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

URL	http://www.publish.csiro.au/nid/262/issue/8048.htm
Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. Articles in this issue of the <i>Australian Journal of Primary Health</i> include:</p> <ul style="list-style-type: none"> • The community network: an Aboriginal community football club bringing people together. Who or what is making the assists to score social goals? (Daniel Parnell and Kevin Hylton) • Reflections on maternal health care within the Victorian Maternal and Child Health Service (Leesa Hooker, Angela Taft and Rhonda Small) • Towards holistic dual diagnosis care: physical health screening in a Victorian community-based alcohol and drug treatment service (Lara Jackson, Boyce Felstead, Jahar Bhowmik, R Avery and R Nelson-Hearity) • Usability of patient experience surveys in Australian primary health care: a scoping review (Karen Gardner, Anne Parkinson, Michelle Banfield, Ginny M Sargent, Jane Desborough and Kanupriya Kalia Hehir) • Establishing components of cultural competence healthcare models to better cater for the needs of migrants with disability: a systematic review (Sarah Jamison Olausen and Andre M N Renzaho) • Advanced training for primary care and general practice nurses: enablers and outcomes of postgraduate education (Christine M Hallinan and Kelsey L Hegarty) • Role of the GP liaison nurse in a community health program to improve integration and coordination of services for the chronically ill (Justin McNab, Janis Paterson, Joanne Fernyhough and Rod Hughes) • Postpartum consultations in Australian general practice (Wendy E Brodribb, Benjamin L Mitchell and Mieke L Van Driel) • Sri Lankan-born women who have given birth in Victoria: a survey of their primary postpartum health-care needs (Irosha Nilaweera, Heather Rowe, Hau Nguyen, Joanna Burns, Frances Doran and Jane Fisher) • Child obesity service provision: a cross-sectional survey of physiotherapy practice trends and professional needs (Nikki Milne, Nancy Low Choy, Gary M Leong, Roger Hughes and Wayne Hing) • ‘Imagine if I gave up smoking ...’: a qualitative exploration of Aboriginal participants’ perspectives of a self-management pilot training intervention (Kimberley Chapple, Inge Kowanko, Peter Harvey, Alwin Chong and Malcolm Battersby) • Ten years of hospitalisation for oral health-related conditions in Western Australia: an unjust dichotomy (Estie Kruger and Marc Tennant) • Designing an online resource for people with low back pain: health-care provider perspectives (Mandy Nielsen, G Jull and Paul W Hodges)

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"> • Editorial: Does it matter how much physician trainees work anymore? (Kathlyn E Fletcher, Sumant R Ranji) • Implementation of the trigger review method in Scottish general practices: patient safety outcomes and potential for quality improvement (Carl de Wet, Chris Black, Sarah Luty, John McKay, Catherine A

	<p>O'Donnell, Paul Bowie)</p> <ul style="list-style-type: none"> • 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) • Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature (Daisy Goodman, Greg Ogrinc, Louise Davies, G Ross Baker, Jane Barnsteiner, Tina C Foster, Kari Gali, Joanne Hilden, Leora Horwitz, Heather C Kaplan, Jerome Leis, John C Matulis, Susan Michie, Rebecca Miltner, Julia Neily, William A Nelson, M Niedner, B Oliver, L Rutman, R Thomson, J Thor)
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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"> • Consumer perspectives of medication-related problems following discharge from hospital in Australia: a quantitative study (Daniela Eassey, Lorraine Smith, Ines Krass, Andrew McLachlan, and Jo-Anne Brien) • How do we learn about improving health care: a call for a new epistemological paradigm (M Rashad Massoud, Danika Barry, Andrew Murphy, Yvonne Albrecht, Sylvia Sax, and Michael Parchman) • Off-hours admission and quality of hip fracture care: a nationwide cohort study of performance measures and 30-day mortality (Nina Sahlertz Kristiansen, Pia Kjær Kristensen, Bente Mertz Nørgård, Jan Mainz, Søren Paaske Johnsen) • RAPADAPTE for rapid guideline development: high-quality clinical guidelines can be rapidly developed with limited resources (Brian S Alper, Mario Tristan, Angie Ramirez-Morera, Maria M T Vreugdenhil, Esther J Van Zuuren, Zbys Fedorowicz) • A PICU patient safety checklist: rate of utilization and impact on patient care (Brianna L Mckelvie, James Dayre McNally, Kusum Menon, Maelle G R Marchand, Deepti N Reddy, W David Creery) • A mixed-methods study of the causes and impact of poor teamwork between junior doctors and nurses (Paul O'connor, Angela O'dea, Sinéad Lydon, gozie Offiah, Jennifer Scott, Antoinette Flannery, Bronagh Lang, Anthony Hoban, Catherine Armstrong, Dara Byrne) • Development, implementation and evaluation of a patient handoff tool to improve safety in orthopaedic surgery (Joel J Gagnier, Joseph M Derosier, Joseph D Maratt, Mark E Hake, James P Bagian) • Patient satisfaction between primary care providers and hospitals: a cross-sectional survey in Jilin province, China (Jinghua Li, Pingping Wang, Xuan Kong, Hailun Liang, Xiumin Zhang, Leiyu Shi)

Online resources

[USA] Patient Safety Primers

<https://psnet.ahrq.gov/primers>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials. AHRQ have released a new primer:

- *Triggers and Trigger Tools* – Triggers have become a widely used method of retrospectively analysing medical records in order to identify errors and adverse events, measure the frequency with which such events occur, and track the progress of safety initiatives over time. <https://psnet.ahrq.gov/primers/primer/33/triggers-and-trigger-tools>

[UK] National Institute for Health Research

<https://discover.dc.nihr.ac.uk/portal/home>

The UK's National Institute for Health Research (NIHR) Dissemination Centre has released the latest 'Signals' research summaries. This latest release includes:

- No benefit from **therapeutic cooling** after a major heart attack
- Community pharmacies may be a useful place to deliver **stop smoking services**
- New generation **anticoagulants** may be safer than warfarin for people with chronic kidney disease
- Inducing **labour in older women** having their first baby does not increase the chance of caesarean delivery

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