



## On the Radar

Issue 274  
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### On the Radar

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### Reports

*Tackling drug-resistant infections globally: Final report and recommendations*  
Review on Antimicrobial Resistance  
London: Review on Antimicrobial Resistance; 2016. p. 84.

URL	<a href="http://amr-review.org/">http://amr-review.org/</a>
TRIM	D16-17376
Notes	Over the last couple of years the reports from the UK Review on Antimicrobial Resistance have been covered in <i>On the Radar</i> . The Review's final report has now been released and has been accompanied with a high level of media coverage globally. This report rehearses the growing problem of resistance and why action is needed, provides an overview of the solutions that the Review team thinks should be implemented to curtail unnecessary use and increase the supply of new antimicrobials. The report also discusses public awareness campaigns, the need to improve sanitation and hygiene, reduce pollution from agriculture and the environment, improve global surveillance, introduce rapid diagnostics and vaccines, the need to increase the number of people in this area, and use of market entry rewards and an innovation fund to generate more drugs. The paper also examines how these solutions may be funded and looks at ways to build political consensus around them.

# TACKLING ANTIMICROBIAL RESISTANCE ON TEN FRONTS



Public awareness



Sanitation and hygiene



Antibiotics in agriculture and the environment



Vaccines and alternatives



Surveillance



Rapid diagnostics



Human capital



Drugs



Global Innovation Fund



International coalition for action

Review on Antimicrobial Resistance

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/>

## Journal articles

*Choosing Wisely Canada seeks system change*

Vogel L

Canadian Medical Association Journal. 2016;188(8):E135-E6.

DOI	<a href="http://dx.doi.org/10.1503/cmaj.109-5262">http://dx.doi.org/10.1503/cmaj.109-5262</a>
Notes	<p>This item in the <i>Canadian Medical Association Journal</i> reported on the inaugural Choosing Wisely Canada meeting and stated that “Now heading into its third year, the campaign is shifting gears from raising awareness of potentially unnecessary tests and treatments to helping health care workers change systems and habits that promote waste.” As part of this shift is the development of toolkits “to help health workers jumpstart projects in their organizations. The toolkits are based on initiatives that have successfully reduced unnecessary procedures, and include templates for revising existing processes to support the campaign’s recommendations.”</p> <p>The first five toolkits cover:</p> <ul style="list-style-type: none"> <li>• Appropriate use of <b>urinary catheters</b> in hospital</li> <li>• Deprescribing <b>proton pump inhibitors</b> in primary care</li> <li>• Reducing <b>unnecessary red blood cell transfusions</b> in hospital</li> <li>• Reducing <b>unnecessary visits and investigations in pre-operative clinics</b></li> <li>• Reducing <b>inappropriate use of benzodiazepines and sedative-hypnotics</b> among older adults in hospitals.</li> </ul> <p>The toolkits are available at <a href="http://www.choosingwiselycanada.org/in-action/toolkits/">http://www.choosingwiselycanada.org/in-action/toolkits/</a></p>

*Higher mortality rates amongst emergency patients admitted to hospital at weekends reflect a lower probability of admission*

Meacock R, Anselmi L, Kristensen SR, Doran T, Sutton M

Journal of Health Services Research & Policy. 2016 [epub].

DOI	<a href="http://dx.doi.org/10.1177/1355819616649630">http://dx.doi.org/10.1177/1355819616649630</a>
Notes	<p>This contribution to the debate on the ‘weekend effect’ problematizes what has in some instances become a simplistic and heated debate. This study was a retrospective observational study of all 140 non-specialist acute hospital Trusts in England covering 12,670,788 Accident and Emergency attendances and 4,656,586 emergency admissions (940,859 direct admissions from primary care and 3,715,727 admissions through Accident and Emergency) between April 2013 and February 2014. The emergency attendances and admissions to hospital and deaths in any hospital within 30 days of attendance or admission were compared for weekdays and weekends.</p> <p>A <i>British Medical Journal</i> (BMJ) item referring to this paper (<a href="http://dx.doi.org/10.1136/bmj.i2667">http://dx.doi.org/10.1136/bmj.i2667</a>) noted that it “concluded that the <b>death rate after admission to hospital at the weekend was a statistical artefact and was higher only because the number of patients admitted at the weekend was lower and these patients tended to be sicker than those admitted during the week.</b> It said that previous studies did not include patients attending emergency departments who were not admitted.” Martin McKee also has an editorial on the subject in the <i>BMJ</i> titled ‘The weekend effect: now you see it, now you don’t’ (<a href="http://dx.doi.org/10.1136/bmj.i2750">http://dx.doi.org/10.1136/bmj.i2750</a>)</p>

*How can we ensure that people with lung cancer living in rural and remote areas are treated surgically when appropriate?*

Tracey ET, McCaughan BC, Young JM, Armstrong BK  
 Medical Journal of Australia. 2016;204(9):330.

DOI	<a href="http://dx.doi.org/10.5694/mja15.01366">http://dx.doi.org/10.5694/mja15.01366</a>
Notes	Using linked data from the NSW cancer registry, admitted patient data and death records, the authors found that patients with potentially curable non-small-cell lung cancer (NSCLC) who lived farthest from the nearest accessible hospital with a thoracic surgical service were the most likely to be admitted to a general rather than to a specialist hospital, and that a lack of surgical treatment was related to a lower rate of survival from lung cancer. They describe the need for well-organised rapid referral mechanisms to support current policy.

*The unfulfilled promise of the antidepressant medications*

Davey CG, Chanen AM  
 Medical Journal of Australia. 2016;204(9):348-50.

DOI	<a href="http://dx.doi.org/10.5694/mja16.00194">http://dx.doi.org/10.5694/mja16.00194</a>
Notes	<p>Reflecting on the current state of therapeutic options for depression, the authors note that “An unfortunate nexus has developed between the diagnosis of depression of any severity and the reflexive prescription of medications as monotherapy, for which the medical profession must accept some responsibility.”</p> <p>While the best evidence for antidepressant efficacy is in more severe depression, there are clearly weaknesses in the evidence base for both medicines (an increasing placebo response rate; publication bias) and psychological therapies (lack of trials and uncertainties). The authors recommend that increased use of psychotherapeutic options is warranted, despite the complexities of accessing effective treatment. “All patients should be offered psychotherapy where it is available, and medication should be considered if</p> <ul style="list-style-type: none"> <li>• the depression is of at least moderate severity;</li> <li>• psychotherapy is refused; or</li> <li>• psychotherapy has not been effective.”</li> </ul> <p>The <i>Australian Atlas of Healthcare Variation</i> (<a href="http://safetyandquality.gov.au/atlas">http://safetyandquality.gov.au/atlas</a>) included discussion of the volume of and variation in antidepressant medication dispensing.</p>

*The National Emergency Access Target (NEAT) and the 4-hour rule: time to review the target*

Sullivan C, Staib A, Khanna S, Good NM, Boyle J, Cattell R, et al.  
 Medical Journal of Australia. 2016;204(9):354.

DOI	<a href="http://dx.doi.org/10.5694/mja15.01177">http://dx.doi.org/10.5694/mja15.01177</a>
Notes	The authors investigated the relationship between mortality (using emergency hospital standardised mortality ratios) and emergency department compliance with NEAT targets (National Emergency Access Target (NEAT), defined as the proportion of patients admitted or discharged from emergency departments within 4 hours of presentation). The analysis in 59 hospitals, suggested that mortality declined as NEAT compliance increased. The authors note the limitations in their data which are from a small number of hospitals and are vulnerable to differences and changes in coding practices and admission policies.

*Better Access and equitable access to clinical psychology services: what do we need to know?*  
 Crome E, Baillie AJ  
 Medical Journal of Australia. 2016;204(9):341-3.

DOI	<a href="http://dx.doi.org/10.5694/mja15.01393">http://dx.doi.org/10.5694/mja15.01393</a>
Notes	While the Better Access initiatives have increased access to psychological treatment (see Davey, MJA 2016 discussed above), a truly effective and equitable system remains out of reach. The reasons for variation in access are uncertain, but 2.5 times the volume of psychological services are provided in affluent areas as in least affluent areas. The importance of measuring the outcomes of major health policy initiatives for chronic conditions such as this are discussed, in order to avoid a situation where “short-term cost-saving measures may have longer-term financial consequences. For example, capping Better Access sessions may contain costs in the short term but may also result in ineffective treatment, increasing rates of drop-out, relapse or reluctance to engage in treatment. This may then result in increased costs such as welfare payments, lost productivity and increased use of other health care services.”

*Outpatient services and primary care: scoping review, substudies and international comparisons*  
 Winpenny E, Miani C, Pitchforth E, Ball S, Nolte E, King S, et al  
 Health Services and Delivery Research 2016 May 2016;4(15).

DOI	<a href="http://dx.doi.org/10.3310/hsdr04150">http://dx.doi.org/10.3310/hsdr04150</a>
Notes	This report (the full report is 322 pages) is an update on a 2006 examination of ways of improving the effectiveness and efficiency of hospital outpatient services. This review found that it is possible for substantial areas of care traditionally given in hospitals to be transferred to primary care. The study authors concluded: <ul style="list-style-type: none"> <li>• High-quality care in the community can be provided for many conditions and is popular with patients.</li> <li>• It may not be cheaper to move care into the community, and more evidence is required on cost-effectiveness.</li> <li>• Moves towards care in the community can be justified if high value is given to patient convenience in relation to NHS costs or if community care can be provided in a way that reduces overall health-care costs.</li> </ul>

*A Systematic Review of Patient Safety Measures in Adult Primary Care*  
 Hatoun J, Chan JA, Yaksic E, Greenan MA, Borzecki AM, Shwartz M, et al  
 American Journal of Medical Quality. 2016.

DOI	<a href="http://dx.doi.org/10.1177/1062860616644328">http://dx.doi.org/10.1177/1062860616644328</a>
Notes	This paper reports on a systematic review of the literature to identify safety measures applicable to adult primary care. The review found 21 article discussing 182 safety measures. The measures were then classified into one of 6 outpatient safety dimensions: medication management, sentinel events, care coordination, procedures and treatment, laboratory testing and monitoring, and facility structures/resources. A number of limitations were discussed, including that most measures had not been validated, and there were no published measures identified for diagnostic error.

URL	<a href="http://qualitysafety.bmj.com/content/25/6">http://qualitysafety.bmj.com/content/25/6</a>
Notes	<p>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:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Social media and healthcare quality improvement</b>: a nascent field (Megan L Ranney, Nicholas Genes)</li> <li>• Obstacles to research on the effects of <b>interruptions in healthcare</b> (Tobias Grundgeiger, Sidney Dekker, Penelope Sanderson, Birgit Brecknell, David Liu, Leanne M Aitken )</li> <li>• Fifteen years after To Err is Human: <b>a success story to learn from</b> (Peter J Pronovost, James I Cleeman, Donald Wright, Arjun Srinivasan)</li> <li>• <b>Getting the improvement habit</b> (Bill Lucas)</li> <li>• <b>Measuring patient-perceived quality of care</b> in US hospitals using Twitter (Jared B Hawkins, John S Brownstein, Gaurav Tuli, Tessa Runels, Katherine Broecker, Elaine O Nsoesie, David J McIver, Ronen Rozenblum, Adam Wright, Florence T Bourgeois, Felix Greaves)</li> <li>• Linking <b>social media and medical record data</b>: a study of adults presenting to an academic, urban emergency department (Kevin A Padrez, Lyle Ungar, Hansen Andrew Schwartz, Robert J Smith, Shawndra Hill, Tadas Antanavicius, D M Brown, P Crutchley, D A Asch, R M Merchant)</li> <li>• <b>Safety culture in long-term care</b>: a cross-sectional analysis of the Safety Attitudes Questionnaire in nursing and residential homes in the Netherlands (Martina Buljac-Samardzic, Jeroen DH van Wijngaarden, Connie M Dekker–van Doorn)</li> <li>• <b>Access to primary care and the route of emergency admission to hospital</b>: retrospective analysis of national hospital administrative data (Thomas E Cowling, Matthew Harris, Hilary Watt, Michael Soljak, Emma Richards, Elinor Gunning, Alex Bottle, James Macinko, Azeem Majeed)</li> <li>• Physician and other healthcare personnel responses to <b>hospital stroke quality of care performance feedback</b>: a qualitative study (Joseph S Ross, Linda Williams, Teresa M Damush, Marianne Matthias)</li> <li>• Strengthening the afferent limb of <b>rapid response systems</b>: an educational intervention using web-based learning for early recognition and responding to deteriorating patients (Sok Ying Liaw, Lai Fun Wong, Sophia Bee Leng Ang, Jasmine Tze Yin Ho, Chiang Siau, Emily Neo Kim Ang)</li> <li>• The impact of <b>interruptions</b> on the duration of <b>nursing interventions</b>: a direct observation study in an academic emergency department (Gai Cole, Dicky Stefanus, Heather Gardner, Matthew J Levy, Eili Y Klein)</li> <li>• Reducing the number and impact of outbreaks of <b>nosocomial viral gastroenteritis</b>: time-series analysis of a multidimensional quality improvement initiative (Caroline Mitchell, Paul Meredith, Matthew Richardson, Peter Greengross, Gary B Smith)</li> </ul>

URL	<a href="http://www.longwoods.com/publications/healthcare-policy/24592">http://www.longwoods.com/publications/healthcare-policy/24592</a>
Notes	<p>A new issue of <i>Healthcare Policy</i> has been published. Articles in this issue of <i>Healthcare Policy</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Accountability for Community Benefit:</b> A Reasonable Expectation for Canadian Hospitals (J. Ross Graham)</li> <li>• <b>Effectiveness of Reablement:</b> A Systematic Review (Annie Tessier, Marie-Dominique Beaulieu, Carrie Anna Mcginn and Renée Latulippe)</li> <li>• The Search is on for <b>Coherent Performance Measurement</b> in Healthcare Organizations. Has Quebec Reached a Crossroads? (Philippe Fache, Claude Sicotte and Étienne Minvielle)</li> <li>• A Decade Lost: <b>Primary Healthcare Performance Reporting</b> across Canada under the Action Plan for Health System Renewal (Sharon Johnston and Matthew Hogel)</li> </ul>

URL	<a href="http://www.sciencedirect.com/science/journal/00313955/63/2">http://www.sciencedirect.com/science/journal/00313955/63/2</a>
Notes	<p>A new issue of <i>Pediatric Clinics of North America</i> has been published with the theme <b>Quality of Care and Information Technology</b>. Articles in this issue of <i>Pediatric Clinics of North America</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Pediatric Safety, Quality, and Informatics</b> (Bonita F Stanton)</li> <li>• The Intersection of <b>Safety, Quality, and Informatics:</b> Solving Problems in Pediatrics (Srinivasan Suresh)</li> <li>• <b>Population Health and Pediatric Informatics</b> (Emily C Webber)</li> <li>• <b>Measurement, Standards, and Peer Benchmarking:</b> One Hospital's Journey (Brian S Martin, Mark Arbore)</li> <li>• <b>Electronic Health Record–Enabled Research</b> in Children Using the Electronic Health Record for Clinical Discovery (Scott M Sutherland, David C Kaelber, N Lance Downing, Veena V Goel, C A Longhurst)</li> <li>• <b>Quality Care and Patient Safety in the Pediatric Emergency Department</b> (Johanna R Rosen, Srinivasan Suresh, Richard A Saladino)</li> <li>• <b>Patient Safety and Quality Metrics</b> in Pediatric Hospital Medicine (Bhanumathy Kumar)</li> <li>• Advanced Technology in <b>Pediatric Intensive Care Units:</b> Have They Improved Outcomes? (Sean A Frederick)</li> <li>• ABCs of <b>Safety and Quality for the Pediatric Resident</b> and Fellow (Emily Mathias, Usha Sethuraman)</li> <li>• <b>Clinical Pathways:</b> Driving High-Reliability and High-Value Care (Andrew R Buchert, Gabriella A Butler)</li> <li>• <b>Pediatric Quality and Safety:</b> A Nursing Perspective (Gabriella A Butler, Diane S Hupp)</li> <li>• <b>Pediatric Quality Improvement:</b> Practical and Scholarly Considerations (Matthew F Niedner)</li> <li>• <b>Big Data and Predictive Analytics:</b> Applications in the Care of Children (Srinivasan Suresh)</li> <li>• <b>Pediatric Telehealth:</b> Opportunities and Challenges (Levon Utidjian, Erika Abramson)</li> </ul>

*BMJ Quality and Safety* online first articles

URL	<a href="http://qualitysafety.bmj.com/content/early/recent">http://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"><li>• <b>When doctors share visit notes with patients:</b> a study of patient and doctor perceptions of documentation errors, safety opportunities and the patient–doctor relationship (Sigall K Bell, Roanne Mejilla, Melissa Anselmo, Jonathan D Darer, Joann G Elmore, Suzanne Leveille, Long Ngo, James D Ralston, Tom Delbanco, Jan Walker)</li><li>• Cognitive tests predict real-world errors: the relationship between <b>drug name confusion rates</b> in laboratory-based memory and perception tests and corresponding error rates in large pharmacy chains (Scott R Schroeder, Meghan M Salomon, William L Galanter, Gordon D Schiff, Allen J Vaida, Michael J Gaunt, Michelle Bryson, Christine Rash, S Falck, B L Lambert)</li></ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="http://intqhc.oxfordjournals.org/content/early/recent?papetoc">http://intqhc.oxfordjournals.org/content/early/recent?papetoc</a>
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"><li>• New approaches to <b>infection prevention and control:</b> implementing a risk-based model regionally (Martin Wale, Pamela Kibsey, Lisa Young, Beverly Dobbyn, Jana Archer)</li></ul>

## 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 Clinical Guideline CG152 ***Crohn's disease: management***  
<https://www.nice.org.uk/guidance/cg152>

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