



## On the Radar

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### On the Radar

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### Reports

*Transforming Health Care: A Compendium of Reports from the National Patient Safety Foundation's Lucian Leape Institute*

Lucian Leape Institute at the National Patient Safety Foundation  
Boston: National Patient Safety Foundation; 2016. p. 32.

URL	<a href="http://www.npsf.org/li/transforming-health-care">http://www.npsf.org/li/transforming-health-care</a>
Notes	<p>The Lucian Leape Institute of the [US] National Patient Safety Foundation have compiled this short (32 page) compendium of the executive summaries and recommendations from five of their reports as a resource for health care leaders. As is noted in the Introduction:</p> <p>“The series of reports has revealed how much the issues overlap and intersect. It is difficult to imagine robust patient and family engagement without greater transparency, for example. Likewise, greater patient and family engagement is essential if we are to work together to improve care integration.</p> <p>What has become particularly clear is the fact that strong leadership and a culture of safety are essential for lasting improvement in patient safety. But changing culture takes time, and not all leaders know where or how to begin. This compendium should be referenced to inform discussions, set work priorities, and make what may sometimes be difficult decisions.”</p>

	<p>The five reports that are drawn together here include:</p> <ul style="list-style-type: none"> <li>• <i>Shining a Light: Safer Health Care Through Transparency</i> (2015)</li> <li>• <i>Safety Is Personal: Partnering with Patients and Families for the Safest Care</i> (2014)</li> <li>• <i>Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care</i> (2013)</li> <li>• <i>Order from Chaos: Accelerating Care Integration</i> (2012)</li> <li>• <i>Unmet Needs: Teaching Physicians to Provide Safe Patient Care</i> (2010)</li> </ul>
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*Better care in my hands: A review of how people are involved in their care*

Care Quality Commission

Newcastle Upon Tyne: Care Quality Commission; 2016. p. 38.

URL	<a href="http://www.cqc.org.uk/content/better-care-my-hands-review-how-people-are-involved-their-care">http://www.cqc.org.uk/content/better-care-my-hands-review-how-people-are-involved-their-care</a>
Notes	<p>The UK's Care Quality Commission has published this review of evidence from their national reports and inspection findings, as well as national patient surveys and a literature review. The review identifies what enables people and their families to work in partnership with health and social care staff and illustrates this with good practice examples.</p> <p>The evidence points to some 'enablers' that service providers, commissioners and partners in the voluntary and community sector can put in place to support a culture of care that involves people as they use different services.</p> <p>For service providers the CQC encourage a focussing of efforts on ensuring that the following measures are in place:</p> <ul style="list-style-type: none"> <li>• <b>Personalised care plans</b> – written with people, for people, and with their wishes and preferences clearly identified and monitored.</li> <li>• The sustained and supported <b>involvement of families and carers</b> in the care of their loved ones.</li> <li>• The <b>coordination</b> of people's involvement in their care as they move between services.</li> </ul>

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 the physical health of people with mental health problems: Actions for mental health nurses*

Department of Health (UK) London: Department of Health; 2016. p. 61.

URL	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524571/Improving_physical_health_A.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524571/Improving_physical_health_A.pdf</a>
Notes	<p>Published by the UK Department of Health, this guidance is intended to assist mental health nurses in improving the physical health and wellbeing of people living with mental health problems. This guidance focuses on how to deal with some of the main risk factors for physical health problems, and helps to make sure that people living with mental health problems have the same access to health checks and healthcare as the rest of the population.</p>

*Strategic quality improvement: An action learning approach*

Nath V

London: The King's Fund; 2016. p. 16.

URL	<a href="http://www.kingsfund.org.uk/publications/strategic-quality-improvement">http://www.kingsfund.org.uk/publications/strategic-quality-improvement</a>
Notes	The UK's Kings Fund has published this case study assessing an NHS Foundation Trust's approaches to quality improvement and to develop a strategy for future work. The report describes the approach and philosophy behind the work that used an action learning process – including information-gathering, self-assessment and evaluation, and workshops – to co-create this case study, from which other organisations may gain insight into their own approaches to quality improvement.

**Journal articles**

*Long-term evidence for the effect of pay-for-performance in primary care on mortality in the UK: a population study*

Ryan AM, Krinsky S, Kontopantelis E, Doran T

The Lancet. 2016 [epub].

*Does pay-for-performance in primary care save lives?*

Roland M

The Lancet. 2016 [epub].

DOI	Ryan et al <a href="http://dx.doi.org/10.1016/S0140-6736(16)00276-2">http://dx.doi.org/10.1016/S0140-6736(16)00276-2</a> Roland <a href="http://dx.doi.org/10.1016/S0140-6736(16)00550-X">http://dx.doi.org/10.1016/S0140-6736(16)00550-X</a>
Notes	The question as to whether (and how) pay for performance schemes actually impact outcomes is somewhat contested. This study sought to determine if the UK's Quality and Outcomes Framework (QOF) —the world's largest primary care pay-for-performance programme — was associated with reduced population mortality. Using population-level mortality statistics for the period 1994 to 2010 the study compared the UK and other high-income countries that were not exposed to pay-for-performance schemes in terms of age-adjusted and sex-adjusted mortality per 100 000 people for a composite outcome of chronic disorders that were targeted by the QOF. The authors concluded that while they noted “small mortality reductions for a composite outcome of targeted disorders, the QOF was not associated with significant changes in mortality.” In the related Comment piece Martin Roland observed “The effect of pay-for-performance on its own is ...modest... Societal changes remain very important to improvements in health, with population-wide secular changes in blood pressure and cholesterol still numerically more important in reducing coronary deaths in the UK than medications prescribed in primary care. This fact emphasises the <b>importance of a primary care system that provides universal coverage with a strong preventive component and the important role of doctors in advocating for measures to reduce behaviours that lead to ill health and premature death.</b> ”

*Making evidence based medicine work for individual patients*

McCartney M, Treadwell J, Maskrey N, Lehman R

BMJ. 2016;353:i2452.

DOI	<a href="http://dx.doi.org/10.1136/bmj.i2452">http://dx.doi.org/10.1136/bmj.i2452</a>
Notes	<p>McCartney and colleagues identify several problems with applying population based evidence to individuals and call for a transformation in the presentation and implementation of guidelines. Resources are needed that encourage clinicians and patients to make decisions according to both the evidence and individual patient's preferences. These conversations should include questions like:</p> <ul style="list-style-type: none"> <li>• What are the options?</li> <li>• What matters to you?</li> <li>• What are your hopes and priorities for the future?</li> </ul> <p>Usable patient decision aids should now be seen as one of the most important end products for evidence based medicine and should be published in tandem with guidelines. They argue that <b>“New models of evidence synthesis and shared decision making are needed to accelerate a move from guideline driven care to individualised care”</b>.</p>

For information on the Commission's work on shared decision making, see

<http://www.safetyandquality.gov.au/our-work/shared-decision-making/>

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/>

*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>• Evaluation of the association between <b>Hospital Survey on Patient Safety Culture</b> (HSOPS) measures and <b>catheter-associated infections</b>: results of two national collaboratives (Jennifer Meddings, Heidi Reichert, M Todd Greene, Nasia Safdar, Sarah L Krein, Russell N Olmsted, Sam R Watson, Barbara Edson, Mariana Albert Leshner, Sanjay Saint)</li> <li>• <b>Radiology double reads</b> (V Anik Sahni, Ramin Khorasani)</li> <li>• Considering chance in <b>quality and safety performance measures</b>: an analysis of performance reports by boards in English NHS trusts (Kelly Ann Schmidtke, Alan J Poots, Juan Carpio, Ivo Vlaev, Ngianga-Bakwin Kandala, Richard J Lilford)</li> <li>• When doctors share visit notes with patients: a study of <b>patient and doctor perceptions of documentation errors, safety opportunities and the patient–doctor relationship</b> (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> </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>• Improving handoff communication from hospital to home: the development, implementation and evaluation of a personalized <b>patient discharge letter</b> (Bianca M Buurman, Kim J Verhaegh, Marian Smeulders, Hester Vermeulen, Suzanne E Geerlings, Susanne Smorenburg, Sophia E de Rooij)</li> </ul>

## Online resources

[UK] *Building Better Participation*

<http://www.napp.org.uk/bbp.html>

The NHS England commissioned the National Association for Patient Participation (N.A.P.P.) to develop the *Building better participation* resource. This guide is to help all GP practice Patient Participation Groups (PPGs) work effectively. It is to help PPGs and their practice to reflect on what they do, how they work, and how they might become even more effective..

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/>

[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 NG47 *Haematological cancers: improving outcomes*  
<https://www.nice.org.uk/guidance/ng47>
- NICE Clinical Guideline CG155 *Psychosis and schizophrenia in children and young people: recognition and management* <https://www.nice.org.uk/guidance/cg155>
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[USA] *Communication and Optimal Resolution (CANDOR) Toolkit*

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/introduction.html>

The [US] Agency for Healthcare Research and Quality (AHRQ) has released a new online toolkit to help hospital and health system leaders and clinicians communicate with patients and their families when something goes wrong with their care. The toolkit is built around the AHRQ-developed communication and resolution process called Communication and Optimal Resolution (CANDOR), which gives hospitals and health systems the tools to respond when a patient is harmed and to promote candid, empathetic communication and timely resolution for patients and caregivers. The CANDOR toolkit contains eight different modules, each containing PowerPoint slides with facilitator notes. Some modules also contain tools, resources, or videos. The CANDOR toolkit is customisable and available at no charge.

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/>

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