# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# On the Radar

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### On the Radar

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#### **Books**

Safety in Medication Use

Tully MP, Franklin BD, editors

Boca Raton: CRC Press, Taylor and Francis Group; 2016.

URL	https://www.routledge.com/Safety-in-Medication-Use/Tully-
	Franklin/p/book/9781482227000
Notes	Edited collection on the theory and practice of medication safety, summarising the international literature and practical suggestions for practice. The authors contributing chapters are drawn from around the world and are leaders in these areas. The 340-page book covers three broad areas: problems in the medication use process, approaches to understanding and resolving them, and putting solutions into practice.

For information on the Commission's work on medication safety, see www.safetyandquality.gov.au/our-work/medication-safety/

# **Reports**

Sustaining Improvement. IHI White Paper Scoville R, Little K, Rakover J, Luther K, Mate K

Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. p. 34.

URL	http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx
OKL	
	The (US) Institute for Healthcare Improvement have published this short 'white
	paper' seeking to address the question of How can health care organizations sustain
	improvements in safety, effectiveness, and efficiency of patient care? According to
	the authors the key is to focus on the daily work of frontline managers,
	supported by a high-performance management system that prescribes
	standard tasks and responsibilities for managers at all levels of the
	organization.
	The white paper provides a description of high-performance management in theory
	and practice, along with recommendations for organisations interested in pursuing
	these methods:
	A theoretical context for high-performance management
Notes	An organizational framework for a high-performance management system
	(HPMS), illustrating standard work for each tier of management and the
	integrated organisational hierarchy that reinforces, supports, and improves
	work at all levels
	• A driver diagram that summarizes the theory of the key factors for
	implementing a HPMS through standardized management tasks, pervasive
	Quality Control, coordinated Quality Improvement, and development of a
	culture of candid transparency that encourages and sustains these activities
	approximation and describe the control of the contr
	to testing and implementing management standard work and
	<ul> <li>Appendices containing additional guidance for organizations seeking to</li> </ul>
	implement these practices.

## **Journal articles**

Clinical and Economic Outcomes from the Implementation of Hospital-based Antimicrobial Stewardship Programs: A Systematic Review and Meta-Analysis Karanika S, Paudel S, Grigoras C, Kalbasi A, Mylonakis E.

Antimicrobial Agents and Chemotherapy. 2016 [epub].

DOI	http://dx.doi.org/10.1128/aac.00825-16
Notes	This review and meta-analysis examined 26 studies to examine the question of whether antimicrobial stewardship programs. The results suggest that hospital antimicrobial stewardship programs may reduce the use of these agents by almost 20%, and in the ICU setting as much as 40%. The results also found:  • the use of broad-spectrum antibiotics, the overall antimicrobial cost and the hospital length of stay decreased  • implementation was associated with decrease of infections due to methicillin-resistant <i>Staphylococcus aureus</i> , imipenem-resistant <i>Pseudomonas aeruginosa</i> and extensive-spectrum beta-lactamase <i>Klebsiella</i> spp.  • these improvements were not associated with adverse outcomes, as all-cause, infection-related 30-day mortality and infection rates were not significantly different after implementation.

As the authors concluded "Hospital ASPs [Antimicrobial Stewardship Programs] result in significant decrease in antimicrobial consumption and cost, and the benefit is higher in the critical care setting. Infections due to specific antimicrobial-resistant pathogens and the overall hospital length of stay are improved as well."

For information on the Commission's work on antibiotic stewardship, including *Antimicrobial Stewardship in Australian Hospitals* and the resources around the relevant National Safety and Quality Health Service (NSQHS) Standard see <a href="https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/">www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/</a>

Does clinical supervision of health professionals improve patient safety? A systematic review and meta-analysis

Snowdon DA, Hau R, Leggat SG, Taylor NF

International Journal for Quality in Health Care. 2016 [epub].

DOI	http://dx.doi.org/10.1093/intqhc/mzw059
Notes	This review and meta-analysis identified 32 studies looking at the question of whether clinical supervision of health professionals improves patient safety. The authors report that the "moderate-quality evidence that direct supervision of surgery significantly reduced the risk of mortality and direct supervision of medical professionals conducting non-surgical invasive procedures significantly reduced the risk of complications." The authors concluded that clinical supervision "was associated with safer surgery and other invasive procedures for medical practitioners. There was a lack of evidence about the relationship between CS and safer patient care for non-medical health professionals."

Challenges, solutions and future directions in the evaluation of service innovations in health care and public health

Raine R, Fitzpatrick R, Barratt H, Bevan G, Black N, Boaden R, et al. Health Services and Delivery Research 2016 May 2016;4(16).

DOI	http://dx.doi.org/10.3310/hsdr04160
	Another substantial report (164 pages) in the NHS National Institute for Health Research's <i>Health Services and Delivery Research</i> . Rather than being a single report this is a collection of essays from some of the 'thought leaders' that provide
	a 'state of the art' view of the evaluation of complex interventions. As Jennifer Dixon noted in one of the report's forewords, "It is clear from the contributions in many essays that the task of evaluating complex interventions is almost as complex as the systems being evaluated." In her Foreword, the English Chief Medical
Notes	Officer, Sally Davies, observed that "The volume provides a clear and authoritative explanation for the range of methods that can now be brought to bear to evaluate services. A wide spectrum of methods are described from novel forms of
	randomised trials to innovative statistical techniques for analysing data about services, outcome measures focused on patients' priorities, and new focuses of research such as how to implement best practice. An impressive range of experts were mobilised to contribute to the debates out of which the position papers
	emerged. As well as providing accessible state-of-the-art explanations of best methods for evaluative research, the volume contains other important messages. These messages are that evaluation involves partnership between health professionals, providers, commissioners and researchers; and that innovation will
	best emerge from early and close dialogue between these different partners."

Measuring Patient Safety in Primary Care: The Development and Validation of the "Patient Reported Experiences and Outcomes of Safety in Primary Care" (PREOS-PC)
Ricci-Cabello I, Avery AJ, Reeves D, Kadam UT, Valderas JM
The Annals of Family Medicine. 2016;14(3):253-61.

DOI	http://dx.doi.org/10.1370/afm.1935
Notes	Paper reporting on the development and validation of a patient-reported instrument for measuring experiences and outcomes related to patient safety in primary care, the Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC). This instrument has been developed in England and the initial questionnaire was sent to 6,736 patients in 45 practices, with 1,244 completed questionnaires returned.

For information on the Commission's work on patient and consumer centred care, see <a href="http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/">http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/</a>

The Ask Me to Explain Campaign: A 90-Day Intervention to Promote Patient and Family Involvement in Care in a Pediatric Emergency Department

Tothy AS, Limper HM, Driscoll J, Bittick N, Howell MD

Joint Commission Journal on Quality and Patient Safety. 2016;42(6):281-6.

URL	http://www.ingentaconnect.com/contentone/jcaho/jcjqs/2016/00000042/00000006/art00007
Notes	Paper reporting on a project aimed at improving communication between clinicians and patients (and, importantly, parents) in an American paediatric emergency department. The authors describe the projects, it's 'Rapid Action Plan', the reported increase in perceptions of staff sensitivity to patient concerns and patient satisfaction with being informed about delays and suggest that such an approach "may provide a successful template for improving communication between providers and patients in a pediatric emergency department or in other health care settings."

The long-term outcome of lumbar fusion in the Swedish lumbar spine study Hedlund R, Johansson C, Hägg O, Fritzell P, Tullberg T The Spine Journal.16(5):579-87.

Consensus at last! Long-term results of all randomized controlled trials show that fusion is no better than non-operative care in improving pain and disability in chronic low back pain Mannion AF, Brox J-I, Fairbank JC

The Spine Journal.16(5):588-90.

DOI	Hedlund et al http://dx.doi.org/10.1016/j.spinee.2015.08.065
	Mannion et al <a href="http://dx.doi.org/10.1016/j.spinee.2015.12.001">http://dx.doi.org/10.1016/j.spinee.2015.12.001</a>
	The Spine Journal has released two important articles in its May 2016 issue which
	demonstrate how the evidence continues to build around (in)appropriate care for
Notes	chronic lower back pain.
	Mannion et al comment that recently published long-term results of three
	randomized controlled trials carried out in the United Kingdom and Norway found
	no evidence for the superiority of surgery at the 11-year follow-up. The long-
	term follow-up of the Swedish trial is also published in this edition of <i>The Spine</i>
	Journal. Their results complement those of the combined Norwegian and United
	Kingdom studies with outcomes concerning pain and disability.

Hedlund et al assess the long-term outcome of lumbar fusion in chronic low back
pain and find that substantial disability remains long-term after fusion or non-
specific physiotherapy. They also note a lack of objective outcome measures which
prevents a strong conclusion on whether to recommend fusion in non-specific low
back pain.

Medicines and dementia consumer campaign

Weekes, L.

Med J Aust 2016; 204 (10): 366

DOI	http://dx.doi.org/10.5694/mja16.00319
	New resources from Alzheimer's Australia and NPS MedicineWise to support
	people and carers living with dementia include patient information and factsheets
Notes	about medicine and non-medicine choices. The resources can also be used by
	health professionals to support management of dementia. The resources are
	available from <a href="http://www.nps.org.au/dementia">http://www.nps.org.au/dementia</a>

For information on the Commission's work on cognitive impairment including dementia, see <a href="http://cognitivecare.gov.au/">http://cognitivecare.gov.au/</a> and find out about a Better Way to Care.

A decade of Australian methotrexate dosing errors

Cairns R, Brown JA, Lynch A, Robinson J, Wylie C, Buckley NA

Med J Aust 2016; 204 (10): 384

DOI	http://dx.doi.org/10.5694/mja15.01242
Notes	Methotrexate dosing errors persist despite a history of safety initiatives. Unintended daily dosing, instead of weekly dosing leads to serious harm including death. The authors used three information databases to examine the frequency and causes of incorrect dosing where daily doses were taken for 3 or more consecutive days in Australia. The causes, where documented, were diverse including patient error (misunderstanding instructions, mistaking methotrexate for another medicines), and health professional error (including 3 deaths resulting from incorrect dosette box preparation). Suggestions for improved medication safety are made by the authors.

Journal of Health Services Research & Policy

July 2016; Vol. 21, No. 3

URL	http://hsr.sagepub.com/content/21/3?etoc
	A new issue of the Journal of Health Services Research & Policy has been
	published. Articles in this issue of the Journal of Health Services Research &
	Policy include:
	• Editorial: Consent to treatment in the UK: time for practice to reflect the
	law (Charitini Stavropoulou, Mark NK Saunders, and Carole Doherty)
	• Editorial: The problem of <b>representativeness of clinical trial participants</b> :
Notes	understanding the role of hidden costs (Hala Borno, Adam Siegel, and
Notes	Charles Ryan)
	• Is single room hospital accommodation associated with differences in
	healthcare-associated infection, falls, pressure ulcers or medication errors?
	A natural experiment with non-equivalent controls (Michael Simon, Jill
	Maben, Trevor Murrells, and Peter Griffiths)
	• Lessons for major system change: <b>centralization of stroke services</b> in two
	metropolitan areas of England (Simon Turner, Angus Ramsay, Catherine

Perry, Ruth Boaden, Christopher McKevitt, Stephen Morris, Nanik Pursani, Anthony Rudd, Pippa Tyrrell, Charles Wolfe, and Naomi Fulop)

- **Hospital steam sterilizer** usage: could we switch off to save electricity and water? (Forbes McGain, Graham Moore, and Jim Black)
- The **interpreter as co-interviewer**: the role of the interpreter during interviews in cross-language health research (Jeanine Suurmond, Anke Woudstra, and Marie-Louise Essink-Bot)
- Effectiveness and efficiency in the treatment of **gambling disorder**: reflections on the Dodo Bird Conjecture (Peter Harvey)
- Research participation registers can increase opportunities for patients and the public to participate in health services research (Verity Leach, Sabi Redwood, Gemma Lasseter, Axel Walther, Colette Reid, Jane Blazeby, Richard Martin, and Jenny Donovan)
- Service user engagement in health service reconfiguration: a rapid evidence synthesis (Jane Dalton, Duncan Chambers, Melissa Harden, Andrew Street, Gillian Parker, and Alison Eastwood)
- Eliminate slogans and remove barriers to **pride in work** (Julie Reed)
- Evaluation of **public involvement in research**: time for a major re-think? (Natalie Edelman and Duncan Barron)
- Why **health care corruption** needs a new approach (Dagmar Radin)

# Milbank Quarterly

Volume 94, Issue 2, 2016

URL	http://www.milbank.org/the-milbank-quarterly/current-issue/issue/2016/2
	A new issue of <i>Milbank Quarterly</i> has been published. Articles in this issue of
	Milbank Quarterly include:
	• "Evaluating the Quality of Medical Care": Donabedian's Classic Article
	50 Years Later (Donald Berwick and Daniel M Fox)
	• Where Have All the <b>Primary Care Doctors</b> Gone? (Catherine D
	DeAngelis)
	Hospital Community Benefit Spending: Leaning In on the Social
	Determinants of Health (Sara Rosenbaum)
	The Drug Price Controversy Nobody Notices (Jonathan Cohn)
	• The <b>International Health Regulations</b> : The Governing Framework for
	Global Health Security (Lawrence O Gostin and Rebecca Katz)
Notes	<ul> <li>Using Publicly Available Data to Construct a Transparent Measure of</li> </ul>
	Health Care Value: A Method and Initial Results (William B Weeks,
	Gregory R Kotzbauer, and James N Weinstein)
	Getting It Right for Every Child: A National Policy Framework to
	Promote Children's Well-being in Scotland, United Kingdom (Emma
	Coles, Helen Cheyne, Jean Rankin, and Brigid Daniel)
	The Use of Economic Evaluation to Inform Newborn Screening Policy
	Decisions: The Washington State Experience (Scott D Grosse, John D
	Thompson, Yao Ding, and Michael Glass)
	Achieving Research Impact Through Co-creation in Community-Based
	Health Services: Literature Review and Case Study (Trisha Greenhalgh,
	Claire Jackson, Sara Shaw, and Tina Janamian)

Health Affairs
1 June 2016; Vol. 35, No. 6

URL	http://content.healthaffairs.org/content/35/6.toc
	A new issue of <i>Health Affairs</i> has been published with the theme 'Behavioral
	Health'. Articles in this issue of <i>Health Affairs</i> include:
	Rapid Growth Of Antipsychotic Prescriptions For Children Who Are
	Publicly Insured Has Ceased, But Concerns Remain (Stephen Crystal,
	Thomas Mackie, Miriam C Fenton, Shahla Amin, Sheree Neese-Todd,
	Mark Olfson, and Scott Bilder)
	Building The Mental Health Workforce Capacity Needed To Treat
	Adults With Serious Mental Illnesses (Mark Olfson)
	Removing Obstacles To Eliminating Racial And Ethnic Disparities In
	Behavioral Health Care (Margarita Alegría, Kiara Alvarez, Rachel Zack
	Ishikawa, Karissa DiMarzio, and Samantha McPeck)
	Quality Measures For Mental Health And Substance Use: Gaps,
	Opportunities, And Challenges (Harold Alan Pincus, Sarah Hudson Scholle,
	Brigitta Spaeth-Rublee, Kimberly A. Hepner, and Jonathan Brown)
	DataWatch: Access To Mental Health Care Increased But Not For
	Substance Use, While Disparities Remain (T B Creedon and B Lê Cook)
	Risk-Adjustment Simulation: Plans May Have Incentives To Distort
	Mental Health And Substance Use Coverage (Ellen Montz, Tim Layton,
	Alisa B Busch, Randall P Ellis, Sherri Rose, and Thomas G McGuire)
	Achieving Mental Health Care Parity Might Require Changes In
	Payments And Competition (Thomas G McGuire)
Notes	Prescription Drug Monitoring Programs Are Associated With Sustained
	Reductions In Opioid Prescribing By Physicians (Yuhua Bao, Yijun Pan,
	Aryn Taylor, S Radakrishnan, F Luo, H A Pincus, and B R Schackman)
	In Fighting An <b>Opioid Epidemic</b> , Medication-Assisted Treatment Is
	Effective But Underused (Christine Vestal)
	Improving Access To Care And Reducing Involvement In The Criminal
	Justice System For People With Mental Illness (Alene Kennedy-
	Hendricks, Haiden A. Huskamp, Lainie Rutkow, and Colleen L Barry)
	Suicide Prevention: An Emerging Priority For Health Care (Michael F)
	Hogan and Julie Goldstein Grumet)
	The Recovery Movement: Implications For Mental Health Care And
	Enabling People To Participate Fully In Life (Larry Davidson)
	Individual Placement And Support Services Boost Employment For
	People With Serious Mental Illnesses, But Funding Is Lacking (Robert E
	Drake, Gary R Bond, Howard H Goldman, M F Hogan, and M Karakus)
	Behavioral Health Information Technology: From Chaos To Clarity
	(Piper A Ranallo, Amy M Kilbourne, Angela S Whatley, and H A Pincus)
	Global Burden Of Disease Studies: Implications For Mental And
	Substance Use Disorders (Harvey Whiteford, A Ferrari, and L Degenhardt)
	• Trends In News <b>Media Coverage Of Mental Illness</b> In The United States:
	1995–2014 (Emma E. McGinty, Alene Kennedy-Hendricks, Seema Choksy,
	and Colleen L Barry)

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:
	Theory-based and evidence-based design of audit and feedback
	<b>programmes</b> : examples from two clinical intervention studies (Sylvia J
	Hysong, Harrison J Kell, Laura A Petersen, B A Campbell, B W Trautner)

International Journal for Quality in Health Care online first articles

nternationa	al Journal for Quality in Health Care online first articles
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
	International Journal for Quality in Health Care has published a number of 'online first' articles, including:
	• Strategies facilitating <b>practice change in pediatric cancer</b> : a systematic
	review (Paula D Robinson, Lee L Dupuis, George Tomlinson, Bob Phillips,
	Mark Greenberg, Lillian Sung)
	• Impact of continuity of care on preventable hospitalization of patients
	with type 2 diabetes: a nationwide Korean cohort study, 2002–10 (Kyoung
	Hee Cho, Chung Mo Nam, Young Choi, Jae-Woo Choi, Seon-Heui Lee,
	Eun-Cheol Park)
	• Evaluating <b>patient safety indicators</b> in <b>orthopedic surgery</b> between Italy
	and the USA (Dario Tedesco, Tina Hernandez-Boussard, Elisa Carretta,
	Paola Rucci, Maurizia Rolli, Patrizio Di Denia, K McDonald, M P Fantini)
	• Is inter-rater reliability of Global Trigger Tool results altered when
	members of the review team are replaced? (Kjersti Mevik, Frances A.
NI-4	Griffin, Tonje Elisabeth Hansen, Ellen Deilkås, Barthold Vonen)
Notes	• Impact of antibiotic stewardship on perioperative antimicrobial prophylaxis (Rita Murri, Antonio Giulio de Belvis, Massimo Fantoni,
	Maria Tanzariello, Paolo Parente, Stefano Marventano, Sabina Bucci,
	Francesca Giovannenze, Walter Ricciardi, Roberto Cauda, G Sganga)
	<ul> <li>Safety climate and attitude toward medication error reporting after</li> </ul>
	hospital accreditation in South Korea (Eunjoo Lee)
	• Does <b>clinical supervision</b> of health professionals improve <b>patient safety</b> ?
	A systematic review and meta-analysis (David A Snowdon, Raphael Hau,
	Sandra G Leggat, Nicholas F Taylor)
	• Interface transition checklists in spinal surgery (Pamela Kantelhardt, Alf
	Giese, Sven . Kantelhardt)
	• Getting right to the point: identifying Australian outpatients' priorities and
	preferences for patient-centred quality improvement in chronic disease
	care (Elizabeth A Fradgley, Christine L Paul, Jamie Bryant, C Oldmeadow)
	• Advantages of involving patients in the <b>guidelines development</b> (Usman
	Iqbal, Shabbir Syed-Abdul, Yu-Chuan Jack Li)

### **Online resources**

[Canada] Ontario Introduces Legislation to Further Improve Patient Access and Experience http://www.longwoods.com/newsdetail/7618

This item on the Health & Healthcare News page at the Canadian publisher's site Longwoods.com briefly describes *The Patients First Act* that the provincial government in Ontario introduced into Parliament. The legislation is intended, if passed, to improve access to health care services by giving patients and their families faster and better access to care and putting them at the centre of a truly integrated health system. *The Patients First Act* would give Ontario's 14 Local Health Integration Networks an expanded role, including in primary care and home and community care. This is meant to improve and integrate planning and delivery of front-line services and increase efficiency to direct more funding to patient care within the existing system.

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