AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 279
27 June 2016

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF document from
http://www.safetyandquality.gov.au/publications-resources/on-the-radar/

If you would like to receive *On the Radar* via email, you can subscribe on our website http://www.safetyandquality.gov.au/ or by emailing us at mail@safetyandquality.gov.au.
You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit
http://www.safetyandquality.gov.au
You can also follow us on Twitter @ACSQHC.

On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

Reports

Six principles for engaging people and communities: putting them into practice
National Voices
London: National Voices; 2016. p. 32.

URL	http://www.nationalvoices.org.uk/node/1481
Notes	The UK National Voices organisation has produced this document outlining how person-centred, community-focussed approaches to health, wellbeing and care may be created. The authors have tried to demonstrate why the principles are important, and offer a guide to putting them into practice, including case examples of the principles in action.

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/

Journal articles

The stars of hospital care: Useful or a distraction?
Jha AK
Journal of the American Medical Association. 2016;315(21):2265-6.

DOI	http://dx.doi.org/10.1001/jama.2016.5638
Notes	Simple rating systems that meaningfully capture performance/outcomes can seem elusive if not impossible. This article looks at the history and current state – and future – of hospital performance rating in the USA. The US Centers for Medicare and Medicaid Services (CMS) intends to release a new star rating combining approximately 60 different measures, including patient experience, into a single star rating. The authors cautiously welcome this while noting "it's worth remembering that when it comes to quality measures, as in so many things in life, more isn't better. Better is better. We need to focus on what we can measure well and, most important, **focus on what matters most to patients**."

Current evidence on hospital antimicrobial stewardship objectives: a systematic review and meta-analysis
Schuts EC, Hulscher MEJL, Mouton JW, Verduin CM, Stuart JWTC, Overdiek HWPM, et al.
The Lancet Infectious Diseases.16(7):847-56.

DOI	http://dx.doi.org/10.1016/S1473-3099(16)00065-7
Notes	Further to recent items on antimicrobial stewardship is this paper reporting on a review and meta-analysis that sought to assess whether antimicrobial stewardship objectives had any effects in hospitals and long-term care facilities on four predefined patients' outcomes: clinical outcomes, adverse events, costs, and bacterial resistance rates. The study group identified 14 stewardship objectives and found 145 unique studies with data on nine stewardship objectives. The authors concluded "findings of **beneficial effects on outcomes** with nine antimicrobial stewardship objectives suggest they can guide stewardship teams in their efforts to improve the quality of antibiotic use in hospitals".

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

Efficacy, tolerability, and dose-dependent effects of opioid analgesics for low back pain: A systematic review and meta-analysis
Abdel Shaheed C, Maher CG, Williams KA, Day R, McLachlan AJ
JAMA Internal Medicine. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.1251
Notes	Following the items in a recent issue of *On the Radar* that reported on the lack of evidence for the superiority of surgery for chronic low back pain is this item examining the use of opioids. The review focussed on 20 studies reporting on placebo-controlled RCTs and the authors concluded that their meta-analysis showed that "For people with chronic low back pain who tolerate the medicine, **opioid analgesics** provide **modest short-term pain relief** but the effect is not likely to be clinically important within guideline recommended doses. Evidence on long-term efficacy is lacking. The **efficacy of opioid analgesics in acute low back pain is unknown**."

Performance of the Global Assessment of Pediatric Patient Safety (GAPPS) Tool
Landrigan CP, Stockwell D, Toomey SL, Loren S, Tracy M, Jang J, et al.
Pediatrics. 2016;137(6).

DOI	http://dx.doi.org/10.1542/peds.2015-4076
Notes	Paper report on the development and testing of the Global Assessment of Pediatric Patient Safety (GAPPS) trigger tool measuring hospital-wide rates of adverse events (AEs) and preventable AEs. The trigger tool was tested in 16 US academic and community hospitals with 3814 medical records reviewed in total. The authors claim that their GAPPS tool "reliably identifies AEs and can be used to guide and monitor quality improvement efforts."

Guidelines for treating risk factors should include tools for shared decision making
Yudkin JS, Kavanagh J, McCormack JP
BMJ. 2016;353:i3147.

DOI	http://dx.doi.org/10.1136/bmj.i3147
Notes	Analysis piece observing that guidelines are just that – guidelines – and need to be used in ways that consider the individual patient's needs, preferences and context. One of the key messages offered is that "Guideline writers should provide guidance to help the clinician and patient consider not just the risks of treatments but also the likelihood of benefit for that individual, expressed in different formats."

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/
For information on the Commission's work on shared decision making, see www.safetyandquality.gov.au/our-work/shared-decision-making/

Patients and families as teachers: a mixed methods assessment of a collaborative learning model for medical error disclosure and prevention
Langer T, Martinez W, Browning DM, Varrin P, Sarnoff Lee B, Bell SK
BMJ Quality & Safety. 2016 June 22, 2016.

DOI	http://dx.doi.org/10.1136/bmjqs-2015-004292
Notes	Paper reporting on an intervention in which patients and families were joined by clinicians to discuss error disclosure and prevention. The authors report that "clinicians valued patients' direct feedback, communication strategies for error disclosure and a 'real' learning experience. P/F [Patients/families] appreciated clinicians' accountability, and insights into how medical errors affect clinicians" and that "Patients and clinicians found the experience valuable". The authors offer recommendations on developing patient–teacher programmes in patient safety.

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

Safety for all: integrated design for inpatient units
Hunt JM, Sine DM
Patient Safety & Quality Healthcare. 2016;May/June 2016(13):20-8.

URL	http://psqh.com/mayjune2016/safety-for-all-integrated-design-for-inpatient-units
Notes	Magazine article advocating for better integrated design of hospital accommodation, particularly in mental health settings, to address patient safety issues. Article includes information about the authors' free *Design guide for the Built Environment for Behavioral Health Facilities*.

Effect of Organizational Culture on Patient Access, Care Continuity, and Experience of Primary Care
Hung D, Chung S, Martinez M, Tai-Seale M
Journal of Ambulatory Care Management. 2016;39(3):242-52.

DOI	http://dx.doi.org/10.1097/JAC.0000000000000116
Notes	Hung and colleagues produced this paper reporting on a study attempting to examine the connections between organisational culture and patient-centred outcomes. Based on surveys of 357 physicians in 41 primary care departments they authors that sites classified as "Group-oriented" culture had shorter appointment wait times than those classified as "Rational" culture type and those classified as "Hierarchical" or "Developmental" culture types were associated with less care continuity, but better patient experiences with care. The authors suggest that "Understanding the unique effects of **organizational culture can enhance the delivery of more patient-centered care**."

Strengthening leadership as a catalyst for enhanced patient safety culture: a repeated cross-sectional experimental study
Kristensen S, Christensen KB, Jaquet A, Møller Beck C, Sabroe S, Bartels P, et al
BMJ Open. 2016;6(5):e010180.

DOI	http://dx.doi.org/10.1136/bmjopen-2015-010180
Notes	Also looking at culture was the paper from Kristensen and colleagues in Denmark. Here they report on an intervention for clinical leaders and its impact on the reported patient safety culture in a Danish psychiatric department. Before and after surveys revealed that the perceived patient safety culture had improved. The authors conclude that the results "imply that **strengthening the leadership can act as a significant catalyst for patient safety culture improvement**."

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
July 2016, Vol. 25, Issue 7

URL	http://qualitysafety.bmj.com/content/25/7
Notes	A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include: • Editorial: Tip of the iceberg: **patient safety incidents in primary care** (Urmimala Sarkar) • **Human factors in healthcare**: welcome progress, but still scratching the surface (Patrick Waterson, Ken Catchpole) • **Patient safety and the problem of many hands** (Mary Dixon-Woods, Peter J Pronovost) • Are reductions in **emergency department length of stay** associated with improvements in quality of care? A difference-in-differences analysis (Marian J Vermeulen, Astrid Guttmann, Therese A Stukel, Ashif Kachra, Marco L A Sivilotti, Brian H Rowe, Jonathan Dreyer, R Bell, M Schull) • **Work conditions, mental workload and patient care quality**: a multisource study in the **emergency department** (Matthias Weigl, Andreas Müller, Stephan Holland, Susanne Wedel, Maria Woloshynowych)

	• **Coproduction of healthcare service** (Maren Batalden, Paul Batalden, Peter Margolis, Michael Seid, G Armstrong, L Opipari-Arrigan, H Hartung) • Impact of an electronic alert notification system embedded in radiologists' workflow on closed-loop **communication of critical results**: a time series analysis (Ronilda Lacson, Stacy D O'Connor, V Anik Sahni, Christopher Roy, Anuj Dalal, Sonali Desai, Ramin Khorasani) • **Perioperative diabetes care**: development and validation of **quality indicators** throughout the entire hospital care pathway (Inge Hommel, Petra J van Gurp, Cees J Tack, Hub Wollersheim, Marlies EJL Hulscher) • **Missed nursing care** is linked to patient satisfaction: a cross-sectional study of US hospitals (Eileen T Lake, H D Germack, M Kreider Viscardi) • **How safe is primary care**? A systematic review (Sukhmeet Singh Panesar, Debra deSilva, Andrew Carson-Stevens, Kathrin M Cresswell, Sarah Angostora Salvilla, Sarah Patricia Slight, Sundas Javad, Gopalakrishnan Netuveli, Itziar Larizgoitia, Liam J Donaldson, David W Bates, A Sheikh)

Australian Journal of Primary Health
Volume 22 Number 3 2016

URL	http://www.publish.csiro.au/nid/261/issue/8050.htm
Notes	A new issue of *Australian Journal of Primary Health* has been published. Articles in this issue of *Australian Journal of Primary Health* include: • **Integrated and consumer-directed care**: a necessary paradigm shift for **rural chronic ill health** (Nicole E Ranson, Daniel R Terry , Kristen Glenister, Bill R Adam and Julian Wright) • What's in a name? Concordance is better than adherence for promoting **partnership and self-management of chronic disease** (Sue Randall and Lis Neubeck) • **Outreach youth health service** in school setting: a retrospective case study (Karin A Stanzel) • **Risk factors for cancer** in the Australian Aboriginal and Torres Strait Islander population: a systematic review (Simon Castles, Zoe Wainer and Harindra Jayasekara) • **Passive interventions in primary healthcare waiting rooms** are effective in promoting healthy lifestyle behaviours: an integrative review (Sarah J Cass , Lauren E Ball and Michael D Leveritt) • Pharmacists' views on implementing a **disease state management program for low back pain** (Christina Abdel Shaheed, Christopher G Maher , Kylie A Williams and Andrew J McLachlan) • Evaluation of **population health short courses**: implications for developing and evaluating population health professional development initiatives (Lucio Naccarella, Louise Greenstock and Iain Butterworth) • Low knowledge of **physical health behaviours** is associated with poor diet and chronic illness in adults (Robert Stanton, David Scott and B Happell) • **Health assessments for Indigenous Australians** at Orange Aboriginal Medical Service: health problems identified and subsequent follow up (Tegan Dutton, Wendy Stevens and Jamie Newman) • Establishing **health-promoting workplaces in Aboriginal community organisations**: healthy eating policies (Catherine MacDonald, Bill Genat, Sharon Thorpe and Jennifer Browne)

	• 'There's only one enabler; come up, help us': staff perspectives of **barriers and enablers to continuous quality improvement** in Aboriginal primary health-care settings in South Australia (Jo Newham, Gill Schierhout , Ross Bailie and Paul R Ward) • Transitioning to **routine breast cancer risk assessment and management** in primary care: what can we learn from cardiovascular disease? (Kelly-Anne Phillips, Emma J Steel, Ian Collins, Jon Emery, Marie Pirotta, G Bruce Mann, Phyllis Butow, John L Hopper, Alison Trainer, Jane Moreton, Antonis C Antoniou, Jack Cuzick and Louise Keogh)

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: • Can we use **patient-reported feedback** to drive change? The challenges of using patient-reported feedback and how they might be addressed (Kelsey Margaret Flott, Chris Graham, Ara Darzi, Erik Mayer) • Editorial: At a crossroads? Key challenges and future opportunities for **patient involvement in patient safety** (Jane K O'Hara, Rebecca J Lawton) • Reviewing deaths in British and US hospitals: a study of two scales for **assessing preventability** (Semira Manaseki-Holland, Richard J Lilford, Jonathan R B Bishop, Alan J Girling, Yen-Fu Chen, Peter J Chilton, Timothy P Hofer, The UK Case Note Review Group) • **Patients and families as teachers**: a mixed methods assessment of a collaborative learning model for **medical error disclosure and prevention** (Thorsten Langer, William Martinez, David M Browning, Pamela Varrin, Barbara Sarnoff Lee, Sigall K Bell) • The problem with **root cause analysis** (Mohammad Farhad Peerally, Susan Carr, Justin Waring, Mary Dixon-Woods)

Online resources

[USA] Safety Program for Nursing Homes: On-Time Pressure Ulcer Healing
http://www.ahrq.gov/professionals/systems/long-term-care/resources/ontime/pruhealing/index.html
The US Agency for Healthcare Research and Quality (AHRQ) has created the On-Time Pressure Ulcer Healing resource to help nursing homes with electronic medical records address pressure ulcers that are slow to heal. Pressure ulcers remain a serious problem in nursing homes despite regulatory and market approaches to encourage prevention and treatment.