



## On the Radar

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### On the Radar

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Contributors: Niall Johnson, Meredith Page

### Consultation on draft Osteoarthritis of the Knee Clinical Care Standard

In collaboration with consumers, clinicians, researchers and health service organisations, the Australian Commission on Safety and Quality in Health Care has developed the draft *Osteoarthritis of the Knee Clinical Care Standard*. This draft Clinical Care Standard is now available for public consultation. In developing this draft Clinical Care Standard, the most up-to-date guidelines and standards have been considered.

Feedback is sought via an online survey or in writing by **11:59 pm, 31 July 2016**. Find out about the consultation process and access the draft *Osteoarthritis of the Knee Clinical Care Standard*, the online survey, indicator specifications and factsheets at [www.safetyandquality.gov.au/ccs/consultation](http://www.safetyandquality.gov.au/ccs/consultation)

### *Delirium Clinical Care Standard*

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2016.

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| URL   | <a href="http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard/">http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard/</a>  |
| Notes | The Australian Commission on Safety and Quality in Health Care, in collaboration with consumers, clinicians, researchers and health organisations, has developed the <i>Delirium Clinical Care Standard</i> and resources to guide and support its implementation. |

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|  | <ul style="list-style-type: none"> <li>• The <i>Delirium Clinical Care Standard</i> aims to ensure that patients with delirium at the time of presentation to hospital receive optimal treatment, and that patients at risk of delirium are identified promptly and preventative strategies are put in place.</li> <li>• Additional resources include an <b>Indicator Specification</b> (a set of suggested indicators to assist with local implementation of the <i>Delirium Clinical Care Standard</i>. Clinicians and health services can use the indicators to monitor the implementation of quality statements, and support improvement as needed), <b>fact sheets</b> for <b>clinicians</b> and <b>consumers</b>, and supporting evidence sources.</li> </ul> |
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## Books

*Better Ways to Pay for Health Care*

OECD

Paris: OECD Publishing; 2016. 168p.

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| DOI   | <a href="http://dx.doi.org/10.1787/9789264258211-en">http://dx.doi.org/10.1787/9789264258211-en</a>  |
| Notes | <p>From the OECD Library website:<br/> “Payers for health care are pursuing a variety of policies as part of broader efforts to improve the quality and efficiency of care. Payment reform is but one policy tool to improve health system performance that requires supportive measures in place such as policies with well-developed stakeholder involvement, information on quality, clear criteria for tariff setting, and embedding evaluation as part of the policy process. Countries should not, however, underestimate the significant data challenges when looking at price setting processes. Data access and ways to overcome its fragmentation require well-developed infrastructures. Policy efforts highlight a trend towards aligning payer and provider incentives by using evidence-based clinical guidelines and outcomes to inform price setting. There are signs of <b>increasing policy focus on outcomes to inform price setting</b>. These efforts could bring about system-wide effects of <b>using evidence along with a patient-centred focus to improve health care delivery and performance</b> in the long-run.”</p> |

## Reports

*Patients' experiences in Australian hospitals*

An Evidence Check rapid review brokered by the Sax Institute for the Australian Commission on Safety and Quality in Health Care

Harrison R, Walton M, Manias E

Sydney: Sax Institute; 2015. p. 49.

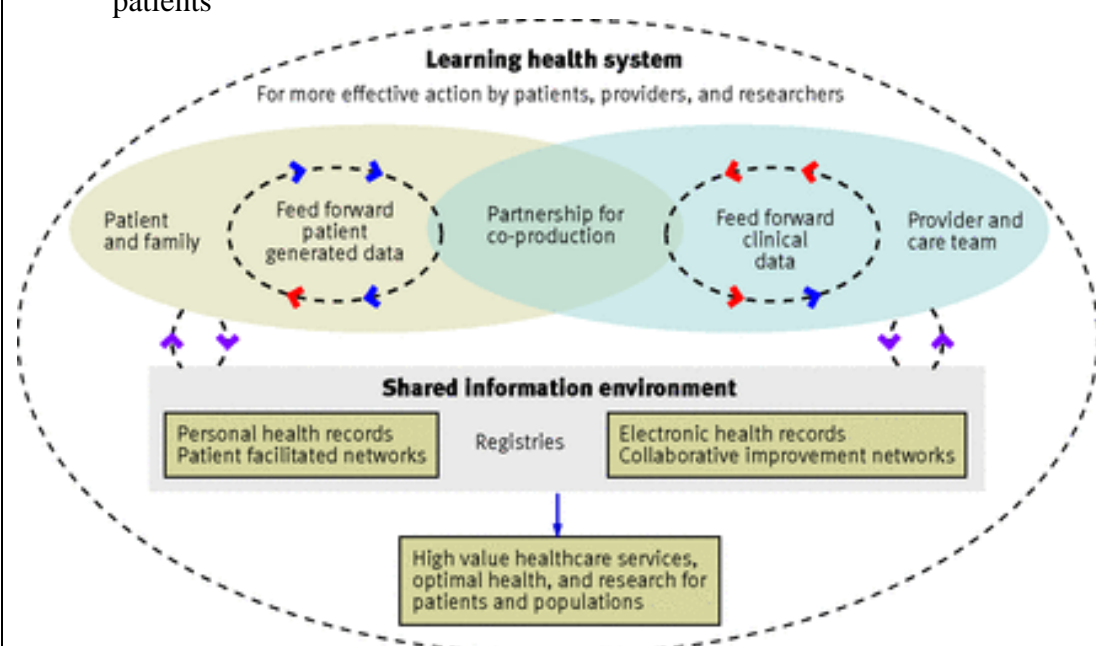
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| URL   | <a href="http://www.saxinstitute.org.au/publications/evidence-check-library/patient-experiences-in-australian-hospitals/">http://www.saxinstitute.org.au/publications/evidence-check-library/patient-experiences-in-australian-hospitals/</a>  |
| Notes | <p>This Evidence Check sought to identify factors reported in primary research as relating to positive and negative experiences of patients in Australian hospitals. From the 39 studies reviewed, the researchers identified 7 themes: ‘The care environment’, ‘Reciprocal communication and information sharing’, ‘Correct treatment and physical outcomes’, ‘Emotional support’, ‘Comfort, pain and clinical care’, ‘Interpersonal skills and professionalism’, and ‘Discharge planning and process’.</p> |

The authors' concluded that "Tangible opportunities to enhance the patient experience are apparent. **Small changes** to the way that the health system operates, is resourced, and the way that health professionals engage with patients **could substantially improve care**. Examples include inviting patients and carers to contribute to decision making and discussions about treatment options and care preferences."

## Journal articles

### *Patient focused registries can improve health, care, and science*

Nelson EC, Dixon-Woods M, Batalden PB, Homa K, Van Citters AD, Morgan TS, et al  
 BMJ. 2016;354:i3319.

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| DOI   | <a href="http://dx.doi.org/10.1136/bmj.i3319">http://dx.doi.org/10.1136/bmj.i3319</a>   |
| Notes | <p>Over the last decade or so there has been a considerable effort to unlock the potential of clinical registries. As the authors of this paper note, "They facilitate public reporting, retrospective and prospective research, professional development, and service improvement. They reveal variations in practices, processes, and outcomes, and identify targets for improvement. In the UK [and elsewhere], they have been associated with many notable successes, including improvements in management of cardiovascular disease and stroke, cancer, and joint replacement." This paper calls for registries to become more patient-centric and extend their relevance and application. The paper's key messages are:</p> <ul style="list-style-type: none"> <li>• Registries can evolve to become patient centred learning systems in which patients, clinicians, and scientists coproduce better health outcomes, improved services, and patient centred research</li> <li>• They can be used to make "dashboards" integrating patient reported and clinical data to support decisions about care</li> <li>• Registry data can be used to support practice based quality improvement, comparative benchmarking reports, and peer networks for clinicians and patients</li> </ul>  |

For information on the Commission’s work on clinical quality registries, see <http://www.safetyandquality.gov.au/our-work/information-strategy/clinical-quality-registries/>

*Development of an Emergency Department Trigger Tool Using a Systematic Search and Modified Delphi Process*

Griffey RT, Schneider RM, Adler LM, Capp R, Carpenter CR, Farmer BM, et al  
Journal of Patient Safety. 2016 [epub].

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| DOI   | <a href="http://dx.doi.org/10.1097/pts.0000000000000243">http://dx.doi.org/10.1097/pts.0000000000000243</a>  |
| Notes | Trigger tools for identifying adverse events have gained some popularity and have seen the development of some specific to certain contexts. This paper describes the development of an emergency department (ED) trigger tool to improve the identification of adverse events in the ED and for use in directing patient safety and quality improvement. This paper describes the first steps toward the development of an ED all-cause harm measurement tool. The team identified 46 triggers for the detection of adverse events among ED patients and suggest that “These triggers should be pilot field tested to quantify their individual and collective performance in detecting all-cause harm to ED patients.” |

*Health Expectations*

Volume 19, Issue 4, August 2016

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| URL   | <a href="http://onlinelibrary.wiley.com/doi/10.1111/hex.2016.19.issue-4/issuetoc">http://onlinelibrary.wiley.com/doi/10.1111/hex.2016.19.issue-4/issuetoc</a>   |
| Notes | <p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> <li>• <b>Patient participation:</b> are we far from fulfilling the vision of patient-centred care? (Kyriakos Souliotis)</li> <li>• A structuration framework for bridging the macro–micro divide in <b>health-care governance</b> (Virginia Bodolica, Martin Spraggon and Gabriela Tofan)</li> <li>• Supporting quality public and patient engagement in health system organizations: development and usability testing of the <b>Public and Patient Engagement Evaluation Tool</b> (Julia Abelson, Kathy Li, Geoff Wilson, Kristin Shields, Colleen Schneider and Sarah Boesveld)</li> <li>• ‘I’m a sick person, not a bad person’: <b>patient experiences</b> of treatments for <b>alcohol use disorders</b> (Stacey L McCallum, Antonina A Mikocka-Walus, Matthew D Gaughwin, Jane M Andrews and Deborah A Turnbull)</li> <li>• <b>Patient communication pattern scale:</b> psychometric characteristics (Sara Ilan and Sara Carmel)</li> <li>• Collaborative learning framework for <b>online stakeholder engagement</b> (Dmitry Khodyakov, Terrance D Savitsky and Siddhartha Dalal)</li> <li>• ‘Talk to me’: a mixed methods study on preferred physician behaviours during <b>end-of-life communication</b> from the patient perspective (Amane Abdul-Razzak, Diana Sherifali, John You, Jessica Simon and Kevin Brazil)</li> <li>• ‘I just don’t want to get bullied anymore, then I can lead a normal life’; Insights into life as an obese adolescent and their views on <b>obesity treatment</b> (Lindsey J Reece, Paul Bissell and Robert J Copeland)</li> <li>• Getting it right! Enhancing <b>youth involvement in mental health research</b> (Lauren Mawn, P Welsh, L Kirkpatrick, L A D Webster and H J Stain)</li> <li>• <b>Health literacy</b>–listening skill and patient questions following cancer prevention and screening discussions (Kathleen M Mazor, Donald L Rubin, Douglas W Roblin, Andrew E Williams, Paul K J Han, Bridget Gaglio,</li> </ul> |

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|  | <p>Sarah L Cutrona, Mary E Costanza and Joann L Wagner)</p> <ul style="list-style-type: none"> <li>• ‘It’s all there in black and white’ – or is it? <b>Consumer perspectives</b> on the proposed <b>Australian Medicine Information Box</b> over-the-counter label format (Vivien Tong, David K Raynor and Parisa Aslani)</li> <li>• Development and psychometric evaluation of a measure to evaluate the <b>quality of integrated care</b>: the <b>Patient Assessment of Integrated Elderly Care</b> (Ronald J Uittenbroek, Sijmen A Reijneveld, Roy E Stewart, Sophie L W Spoorenberg, Hubertus P H Kremer and Klaske Wynia)</li> <li>• Defining <b>continuity of care</b> from the perspectives of <b>mental health</b> service users and professionals: an exploratory, comparative study (Angela Sweeney, Jonathon Davies, Susan McLaren, Margaret Whittock, Ferew Lemma, Ruth Belling, Sarah Clement, Tom Burns, Jocelyn Catty, Ian Rees Jones, Diana Rose and Til Wykes)</li> </ul> |
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*Public Health Research & Practice*

July 2016, Volume 26, Issue 3

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| URL   | <a href="http://www.phrp.com.au/issues/july-2016-volume-26-issue-3/">http://www.phrp.com.au/issues/july-2016-volume-26-issue-3/</a>  |
| Notes | <p>A new issue of <i>Public Health Research &amp; Practice</i> has been published with a focus on the innovative use of cohort data to address emerging public health issues and inform health services planning and policy. Articles in this issue of <i>Public Health Research &amp; Practice</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: Making innovative use of <b>cohort data</b> (Byles J)</li> <li>• <b>Nurses’ Health Study</b>: demonstrating the impact of research, and adapting new measures and approaches to increase relevance and effect of cohort studies (Colditz, GA)</li> <li>• The <b>45 and Up Study</b>: a tool for local population health and health service planning to improve <b>integration of healthcare</b> (Comino EJ, Harris E, Page J, McDonald J, Harris MF)</li> <li>• <b>Life-history</b> data (Vanhoutte B, Nazroo J)</li> <li>• Generating qualitative data by design: the <b>Australian Longitudinal Study on Women’s Health qualitative data</b> collection (Tavener M, Chojenta C, Loxton D)</li> <li>• Systems approaches for <b>chronic disease prevention</b>: sound logic and empirical evidence, but is this view shared outside of academia? (Wutzke S, Morrice E, Benton M, Wilson A)</li> <li>• Towards <b>public health surveillance</b> of <b>intensive care</b> services in NSW, Australia (Norton S, Cordery DV, Abbenbroek BJ, Ryan AC, Muscatello DJ)</li> <li>• <b>Tobacco smoking by adult emergency department patients</b> in Australia: a point-prevalence study (Weiland TJ, Jelinek GA, Taylor SE, Taylor DMcD)</li> <li>• The <b>Study of Environment on Aboriginal Resilience and Child Health (SEARCH)</b>: a long-term platform for closing the gap (Wright D, Gordon R, Carr D, Craig JC, Banks E, Muthayya S, Wutzke S, Eades SJ, Redman S, on behalf of the SEARCH collaborators)</li> <li>• <b>Data linkage</b> in an established longitudinal cohort: the <b>Western Australian Pregnancy Cohort (Raine) Study</b> (Mountain JA, Nyaradi A, Oddy WH, Glauert RA, de Klerk NH, Straker LM, Stanley FJ)</li> <li>• Action to identify and prevent <b>FASD</b> in high-risk communities (Signy H)</li> <li>• BEACH closure: what next for <b>primary health care data</b>? (Skilton N)</li> </ul> |

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|  | <ul style="list-style-type: none"><li>• <b>Engaging with cohorts:</b> opportunities and pitfalls in social media (Signy H)</li></ul> |
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## Online resources

[USA] *Health Literacy and Patient Safety Events*

[http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2016/jun;13\(2\)/Pages/58.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2016/jun;13(2)/Pages/58.aspx)

This item in the Pennsylvania Patient Safety Advisory reviews incidents submitted to the state's reporting initiative where a lack of patient knowledge or comprehension may have contributed to delayed or missed care and describes a program to encourage adoption of teach-back and other strategies to help patients better comprehend their health care instructions.

[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 NG51 **Sepsis: recognition, diagnosis and early management**  
<https://www.nice.org.uk/guidance/ng51>
- NICE Clinical Guideline CG64 **Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures** <https://www.nice.org.uk/guidance/cg64>
- NICE Clinical Guideline CG181 **Cardiovascular disease: risk assessment and reduction, including lipid modification** <https://www.nice.org.uk/guidance/cg181>

[USA] *Effective Health Care Program reports*

<http://effectivehealthcare.ahrq.gov/>

The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- **Strategies To De-escalate Aggressive Behavior in Psychiatric Patients**  
<https://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2256>
- **Management of Postpartum Hemorrhage: Current State of the Evidence**  
<https://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2255>

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