



On the Radar

Issue 283

25 July 2016

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On the Radar

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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

Reports

Staffing matters; funding counts: Workforce profile and trends in the English NHS

Buchan J, Seccombe I, Charlesworth A

London: The Health Foundation; 2016 July 2016. 44 p.

URL	http://www.health.org.uk/publication/staffing-matters-funding-counts
Notes	This report from the UK's The Health Foundation examines the profile and features of the NHS workforce in England, including: health labour market trends; relevant international data and comparisons from other countries; and a series of specific

	<p>‘pressure points’. While focussing on the English system, the issues will be familiar to those in other systems.</p> <p>The report’s key findings include:</p> <ul style="list-style-type: none"> • Mismatches between funding and staffing levels, along with repeated reorganisation, have led to a ‘boom and bust’ approach to the front line. • Less costly, reactive and short-term solutions are “quick fixes”, and do not resolve more deep-seated and systemic problems. • Effective use of temporary staff and international recruitment may help while a more long-term, sustainable approach is introduced. • Investment in current staff should not be downplayed by an over-emphasis on new roles. • The report concludes that the greatest threats to the delivery of the NHS’s Five year forward view are funding constraints and workforce shortages.
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Reality check - reliable national data from general practice electronic health record

Deeble Institute Issues Brief No 18

Gordon J, Miller G, Britt H

Canberra: Australian Healthcare and Hospitals Association; 2016. p. 19.

URL	https://ahha.asn.au/publication/issue-briefs/deeble-institute-issues-brief-no-18-reality-check-reliable-national-data
Notes	<p>This issues brief from the Deeble Institute examines the issue of electronic health records (EHRs) in Australian general practice. The brief’s key messages include:</p> <ul style="list-style-type: none"> • General practice electronic health records (EHRs) are currently unregulated. Each system has been developed independently, with no common standards across all systems. • In Australia, there are at least eight EHRs with inconsistent structures, data elements and use of clinical terminologies and classifications. • The lack of standards across EHRs has made it difficult to: transfer clinical data between EHRs for clinical purposes; link individual health data for integration of care across different sectors of the health care system; and reliably extract patient data for research purposes. • A national, cohesive approach is needed to develop and implement standards for general practice EHRs. There are four elements to be addressed: <ol style="list-style-type: none"> 1. A defined EHR data model that links related data elements 2. Consistent data element labels and definitions 3. Use of standardised clinical terminologies and classifications 4. Accreditation of general practice EHRs.

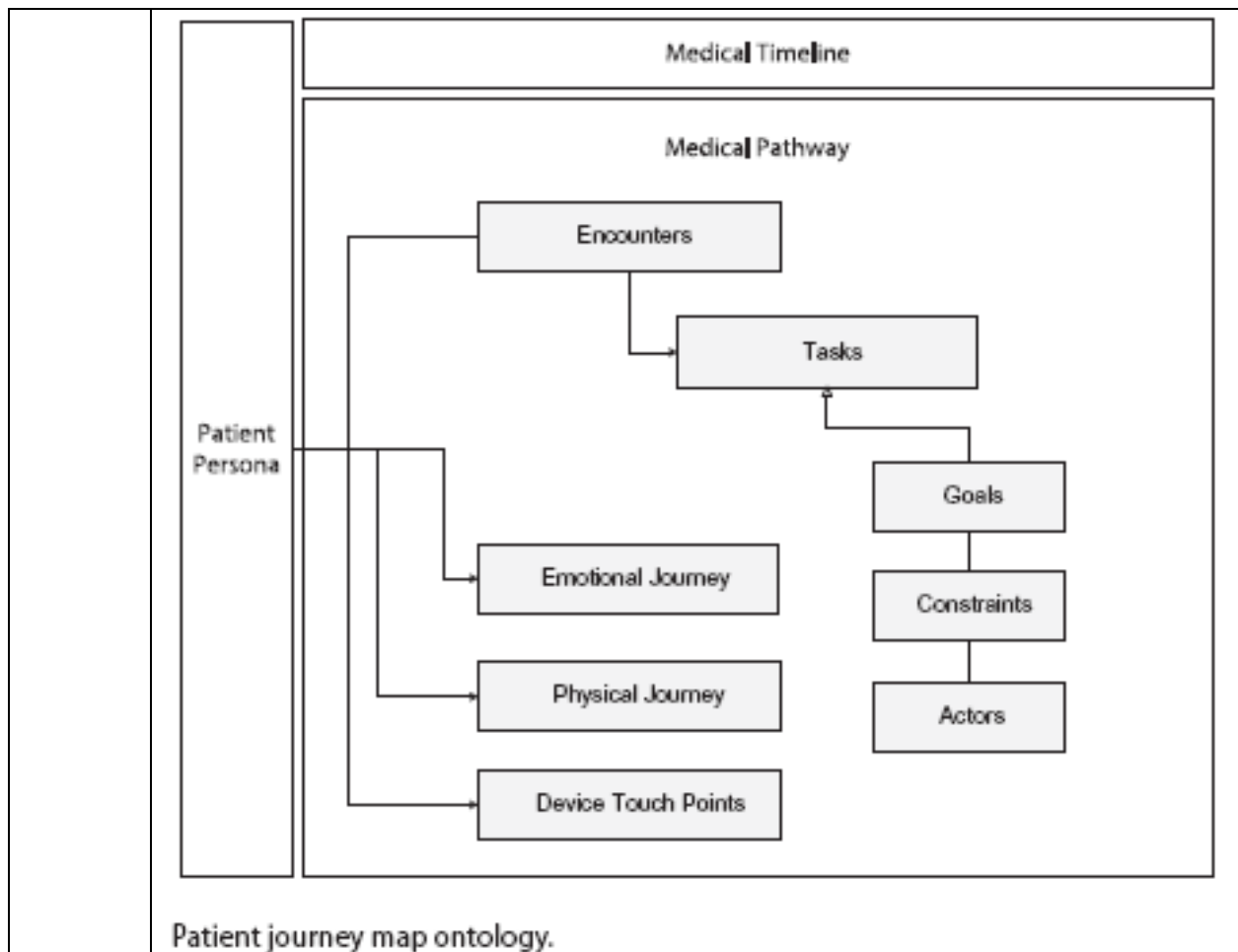
Journal articles

An integrated patient journey mapping tool for embedding quality in healthcare service reform

McCarthy S, O’Raghallaigh P, Woodworth S, Lim YL, Kenny LC, Adam F

Journal of Decision Systems. 2016;25(sup1):354-68.

DOI	http://dx.doi.org/10.1080/12460125.2016.1187394
Notes	<p>Paper describing the concept, theory, development and initial evaluation of a visual patient journey mapping tool (the <i>Integrated Patient Journey Mapping Tool</i>) that attempts to incorporate the three pillars of healthcare quality (patient experience, clinical effectiveness and patient safety). The discussion of the strengths and limitations of the tool flag some of the possible directions for developing the tool.</p>



Patient journey map ontology.

Rising costs of hip fractures

Loefler A, Close J

Medical Journal of Australia. 2016;205(2):64-5.

HIP4Hips (High Intensity Physiotherapy for Hip fractures in the acute hospital setting): a randomised controlled trial

Kimmel LA, Liew SM, Sayer JM, Holland AE

Medical Journal of Australia. 2016;205(2):73-8.

DOI	Loefler and Close http://dx.doi.org/10.5694/mja16.00517 Kimmel et al http://dx.doi.org/10.5694/mja16.00091
Notes	Kimmel et al is a paper on a randomised controlled trial that compared individualised physiotherapy once daily with three times daily and found reductions in length of stay of around 10 days in the intensive physiotherapy group. As noted in the accompanying editorial, Loefler and Close, the Australian and New Zealand Guideline for hip fracture care recommends early and regular mobilisation to achieve this goal, but that there was a lack of evidence regarding optimum intensity of physiotherapy – hence this small trial is potentially of great interest. The editorial notes the potential for improved patient outcomes and lower health system costs with earlier mobilisation and independence. While there was no difference in the modified Iowa Level of Assistance (mILOA) score at day 5, the intensive physiotherapy group was significantly better when aspect of pre-morbid function (e.g. carer at home) were taken into account. The trial included most patients who were independently mobile but excluded those admitted from nursing homes.

The Commission undertook a public consultation on the draft *Hip Fracture Care Clinical Care Standard* and has reviewed the consultation feedback received and is finalising the Clinical Care Standard. For further information, see <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/>

A definition and ethical evaluation of overdiagnosis

Carter SM, Degeling C, Doust J, Barratt A

Journal of Medical Ethics. 2016 [epub].

DOI	http://dx.doi.org/10.1136/medethics-2015-102928
Notes	<p>Following a 2015 paper in the <i>BMJ</i> titled ‘The challenge of overdiagnosis begins with its definition’ (http://dx.doi.org/10.1136/bmj.h869) this group now offer their definition (and ethical evaluation) of overdiagnosis. The authors “argue that the definition of overdiagnosis should be expressed at the level of populations. Consider a condition prevalent in a population, customarily labelled with diagnosis A. We propose that overdiagnosis is occurring in respect of that condition in that population when</p> <ol style="list-style-type: none"> (1) the condition is being identified and labelled with diagnosis A in that population (consequent interventions may also be offered); (2) this identification and labelling would be accepted as correct in a relevant professional community; but (3) the resulting label and/or intervention carries an unfavourable balance between benefits and harms.” <p>The authors suggest that there are “three central ethical considerations in overdiagnosis: the extent of harm done, whether harm is avoidable and whether the primary goal of the actor/s concerned is to benefit themselves or the patient, citizen or society.</p> <p>These allow them to distinguish a number of forms of overdiagnosis, including: “predatory (avoidable, self-benefiting), misdirected (avoidable, other-benefiting) and tragic (unavoidable, other-benefiting)”.</p>

BMJ Quality and Safety

August 2016, Vol. 25, Issue 8

URL	http://qualitysafety.bmj.com/content/25/8
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"> • Editorial: Between the guidelines: SQUIRE 2.0 and advances in healthcare improvement practice and reporting (Hilary Mosher, Greg Ogrinc) • Editorial: Patient safety and rocket science (Peter McCulloch) • Editorial: At a crossroads? Key challenges and future opportunities for patient involvement in patient safety (Jane K O'Hara, Rebecca J Lawton) • Editorial: Radiology double reads (V Anik Sahni, Ramin Khorasani) • Plans to accelerate innovation in health systems are less than IDEAL (Paul M Wilson, Ruth Boaden, Gillian Harvey) • Crew resource management training in the intensive care unit. A multisite controlled before–after study (Peter F Kemper, Martine de Bruijne, Cathy van Dyck, Ralph L So, Peter Tangkau, Cordula Wagner)

	<ul style="list-style-type: none"> • Differing perceptions of safety culture across job roles in the ambulatory setting: analysis of the AHRQ Medical Office Survey on Patient Safety Culture (John Hickner, Scott A Smith, Naomi Yount, Joann Sorra) • Radiologist-initiated double reading of abdominal CT: retrospective analysis of the clinical importance of changes to radiology reports (Peter Mæhre Lauritzen, Jack Gunnar Andersen, Mali Victoria Stokke, Anne Lise Tennstrand, Rolf Aamodt, Thomas Heggelund, Fredrik A Dahl, Gunnar Sandbæk, Petter Hurlen, Pål Gulbrandsen) • Development and testing of a text-mining approach to analyse patients' comments on their experiences of colorectal cancer care (Richard Wagland, Alejandra Recio-Saucedo, Michael Simon, Michael Bracher, Katherine Hunt, Claire Foster, Amy Downing, Adam Glaser, J Corner) • 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) • From tokenism to empowerment: progressing patient and public involvement in healthcare improvement (Josephine Ocloo, R Matthews) • Rapid cycle development of a multifactorial intervention achieved sustained reductions in central line-associated bloodstream infections in haematology oncology units at a children's hospital: a time series analysis (Christopher E Dandoy, Jackie Hausfeld, Laura Flesch, Deanna Hawkins, Kathy Demmel, Deanna Best, Erin Osterkamp, T Bracke, R Nagarajan, S Jodele, J Holt, M J Giaccone, S M Davies, U Kotagal, J Simmons) • Reducing hospital noise with sound acoustic panels and diffusion: a controlled study (Peter M Farrehi, Brahmajee K Nallamotheu, M Navvab)
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BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> • Extended opening hours in primary care: helpful for patients and—or—a distraction for health professionals? (Richard Baker, Nicola Walker) • Clinical summaries for hospitalised patients: time for higher standards (Sunil Kripalani) • Cognitive tests predict real-world errors: the relationship between drug name confusion rates 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 L Bryson, C Rash, S Falck, B L Lambert)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
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"> • Timely individual audit and feedback significantly improves transfusion bundle compliance—a comparative study (Marjon Borgert, Jan Binnekade, Frederique Paulus, Astrid Goossens, Margreth Vroom, Dave Dongelmans) • Levers for change: an investigation of how accreditation programmes can promote consumer engagement in healthcare (Reece Hinchcliff, David Greenfield, A Hogden, P Sarrami-Foroushani, J Travaglia, J Braithwaite)

	<ul style="list-style-type: none"> • The effect of peer review on mortality rates (W Krahwinkel, E Schuler, M Liebetrau, A Meier-Hellmann, J Zacher, R Kuhlen) • Inter-professional clinical handover in post-anaesthetic care units: tools to improve quality and safety (Bernice Redley, Tracey K Bucknall, Sue Evans, Mari Botti)
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Online resources

[UK] *Stepping up to the place: Integration self-assessment tool*

<http://www.nhscc.org/latest-news/stepping-up-toolkit/>

In the UK, the NHS Clinical Commissioners, the Association of Directors of Adult Social Services (ADASS), the Local Government Association, and NHS Confederation have developed this toolkit to help local health and care leaders move further and faster on achieving their vision of integration. It aims to enable local areas to assess their own readiness to bring about integration, and identify what action they need to take.

[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 NG17 *Type 1 diabetes in adults: diagnosis and management*
<https://www.nice.org.uk/guidance/ng17>
- NICE Guideline NG28 *Type 2 diabetes in adults: management*
<https://www.nice.org.uk/guidance/ng28>
- NICE Quality Standard QS125 *Diabetes in children and young people*
<https://www.nice.org.uk/guidance/qs125>
- NICE Guideline NG52 *Non-Hodgkin's lymphoma: diagnosis and management*
<https://www.nice.org.uk/guidance/ng52>

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