# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

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**Reports**

*Creating effective hospital-community partnerships to build a culture of health*

Health Research & Educational Trust

Chicago, IL: Health Research & Educational Trust; 2016. p. 73.

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| URL | <http://www.hpoe.org/resources/hpoehretaha-guides/2862> |
| Notes | The US Health Research & Educational Trust (HRET), with support from the Robert Wood Johnson Foundation, has released this guide that focuses on how hospitals and communities can develop and sustain partnerships. HRET conducted interviews with hospital, health system and community leaders from various communities to identify themes and approaches for developing effective collaboration. This guide shares lessons learned in:   * identifying community health needs and reaching consensus on priorities; * identifying potential partners; * creating sustainable partnership structures * overcoming obstacles; and * assessing interventions and partnerships. |

**Journal articles**

*A framework to assess patient-reported adverse outcomes arising during hospitalization*

Barbara O*,* Jose SM, Jayna H-L, Ward F, Maeve OB, Deborah W, et al.

BMC Health Services Research. 2016;16 (1):1-9.

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| DOI | <http://dx.doi.org/10.1186/s12913-016-1526-z> |
| Notes | The Canadian-based authors of this paper describe a framework for identifying adverse events by using patient-reported adverse outcomes (PRAOs) as a way to identify potential adverse events (AEs). The episodes of care flagged in this way were then reviewed using the patient record or the discharge summary.  Out of the 1347 patients contacted at 1-month post-discharge, 469 reported adverse outcomes and after reviewing 369 cases, 29 were classified as AEs, hence 7.9% of adverse outcomes were adverse events.  The authors note that full retrospective patient record reviews has been regarded by some as the gold standard for the assessment of AE rates, but is onerous and labour-intensive, and does not capture post-hospital outcomes. |

*Patient safety priorities in mental healthcare in Switzerland: a modified Delphi study*

Mascherek AC, Schwappach DLB.

BMJ Open. 2016;6(8).

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| DOI | <http://dx.doi.org/10.1136/bmjopen-2016-011494> |
| Notes | This paper reports on a Swiss initiative that sought to use the collective knowledge to identify patient safety priorities in mental healthcare. Nine topics were defined along the treatment pathway: **diagnostic errors**, non-drug **treatment errors**, **medication errors**, errors related to **coercive measures**, errors related to **aggression management** against self and others, errors in treatment of **suicidal patients**, **communication errors**, **errors at interfaces** of care and **structural errors**. The authors noted in their conclusion that “Structural errors and diagnostics were given highest priority. From the topics identified, some are overlapping with important aspects of patient safety in medical care; however, some core aspects are unique.” |

*Is delirium the medical emergency we know least about?*

Nagaraj G, Burkett E, Hullick C, Carpenter CR, Arendts G

Emergency Medicine Australasia. 2016;28(4):456-8.

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| DOI | <http://dx.doi.org/10.1111/1742-6723.12639> |
| Notes | Paper highlighting knowledge gaps in delirium (acute brain failure) detection in emergency departments (EDs). The paper describes the diagnosis, prevention, non-pharmacological management and pharmacological management of delirium. It also highlights simple measures for optimising the environment in EDs for patients with, or at risk of delirium. The authors note delirium has been identified as a priority area for improvement by the Australian Commission on Safety and Quality in Health Care and refer to the *Delirium Clinical Care Standard*. |

For more information about the *Delirium Clinical Care Standard*, see <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard/>

*Antimicrobial stewardship in wound care: a Position Paper from the British Society for Antimicrobial Chemotherapy and European Wound Management Association*

Lipsky BA, Dryden M, Gottrup F, Nathwani D, Seaton RA, Stryja J

Journal of Antimicrobial Chemotherapy. 2016 July 25, 2016.

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| DOI | <http://dx.doi.org/10.1093/jac/dkw287> |
| Notes | This paper is a position paper from the British Society for Antimicrobial Chemotherapy and European Wound Management Association that seeks to establish standards for diagnosing and treating clinically infected wounds and to incorporate antimicrobial stewardship (AMS) practices into routine wound care. The authors observe that “All open wounds will be colonized with bacteria, but antibiotic therapy is only required for those that are clinically infected. Therapy is usually empirical to start, but definitive therapy should be based on results of appropriately collected specimens for culture. When prescribed, it should be as narrowly focused, and administered for the shortest duration, as possible. AMS teams should be interdisciplinary, especially including specialists in infection and pharmacy, with input from administrative personnel, the treating clinicians and their patients.” |

For information about the Commission’s work on antimicrobial stewardship, see <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship/>

*BMJ Quality and Safety* online first articles

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| URL | <http://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Socioeconomic status influences the toll **paediatric hospitalisations** take on families: a qualitative study (Andrew Finkel Beck, Lauren G Solan, Stephanie A Brunswick, Hadley Sauers-Ford, Jeffrey M Simmons, Samir Shah, Jennifer Gold, Susan N Sherman, H2O Study Group) * **Implementation** and **de-implementation**: two sides of the same coin? (Leti van Bodegom-Vos, Frank Davidoff, Perla J Marang-van de Mheen) |

*International Journal for Quality in Health Care* online first articles

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| URL | <http://intqhc.oxfordjournals.org/content/early/recent?papetoc> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:   * Improving inpatient environments to support **patient sleep** (Jennifer R DuBose, Khatereh Hadi) * Impact of general practitioner on perceived **quality of care** and **monitoring maternal-newborn health outcomes** in developing countries (Usman Iqbal, Shabbir Syed-Abdul, Yu-Chuan (Jack) Li) * Implementing **electronic handover**: interventions to improve efficiency, safety and sustainability (Sharifah Munirah Alhamid, Desmond Xue-Yuan Lee, Hei Man Wong, Matthew Bingfeng Chuah, Yu Jun Wong, Kaavya Narasimhalu, Thuan Tong Tan, Su Ying Low) * Assessing the impact of general practitioner team service on **perceived quality of care** among patients with non-communicable diseases in China: a natural experimental study (Jia Yin, Xiaolin Wei, Haitao Li, Yanling Jiang, Chunfang Mao) * Monitoring **maternal and newborn health outcomes** in Bauchi State, Nigeria: an evaluation of a standards-based quality improvement intervention (Ibrahim Kabo, Emmanuel Otolorin, Emma Williams, Nosa Orobaton, Hannatu Abdullahi, H Sadauki, M Abdulkarim, D Abegunde) * Guidance on how to achieve comprehensible **patient information leaflets** in four steps (Annette Lampert, K Wien, W E Haefeli, H M Seidling) |

**Online resources**

*[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 Quality Standard QS128 *Early years: promoting health and wellbeing in under-5s* <https://www.nice.org.uk/guidance/qs128>

*[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:

* ***Omega-3 Fatty Acids*** *and* ***Cardiovascular Disease****: An Updated Systematic Review* <https://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2262>
* *Pharmacotherapy for Adults With* ***Alcohol Use Disorder*** *in Outpatient Settings: Policymaker Summary* <https://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2273>
* *Transitional Care Interventions To* ***Prevent Readmissions*** *for People With Heart Failure: Policymaker Summary* <https://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2274>

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