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On the Radar

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On the Radar
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Journal articles

Streamlining ethics review for multisite quality and safety initiatives: national bariatric surgery registry experience
Brown WA, Smith BR, Boglis M, Brown DL, Anderson M, O'Brien PE, et al
Medical Journal of Australia. 2016;205(5):200-1.

DOI	http://dx.doi.org/10.5694/mja16.00027
Notes	This editorial describes the administrative challenges associated with obtaining ethics approval for hospitals participating in clinical quality registries. While the specific example elaborated is the national bariatric surgery registry, which commenced in May 2014, this is not a new issue. When establishing the bariatric surgery registry, the authors identified around 164 hospitals as potential participants. After approximately 12 months, around 32% of hospitals had obtained ethical approval, with a median time from application to approval of 86 days (range, 17–414 days), and a cost of $180 698.58 in salaries alone. The authors call for streamlining of the processes for clinical quality registries, given their specific quality improvement focus, which they report is universally understood by human research ethics committees.

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

Patient and family empowerment as agents of ambulatory care safety and quality
Roter DL, Wolff J, Wu A, Hannawa AF
BMJ Quality & Safety. 2016 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2016-005489
Notes	In this 'Viewpoint' piece, the authors look at empowered or activated patients (and family and carers) can contribute to the safety and quality of care in ambulatory care settings (care settings in the community and patients' homes). They discuss how this empowerment can impact the various dimensions of safety and quality.

Dimensions of care safety and quality	Hypothesised pathways through which an empowered patient–family partnership may effectively advance key dimensions of healthcare safety and quality
Safety	Family members contribute to safer medication use and fewer preventable adverse ambulatory drug events by minimising drug miscommunication and misunderstanding in visits when medication is prescribed by recording and clarifying medication-related instructions, being vigilant for the emergence of dangerous side effects, reporting or reminding clinicians about past adverse events with medications and treatments, monitoring side effects at home, and taking appropriate actions to mitigate them when they occur
Effectiveness	Family members contribute to the effectiveness of care by facilitating medication-related communication during medical visits when medication is prescribed and through the provision of meaningful practical support for adherence when medication is taken in the home
Timeliness	Family members contribute to the timeliness of care by recognising and reporting changes in patient health status symptom exacerbation and by scheduling care and arranging transportation for emergent conditions
Efficiency	Family members contribute to the efficiency of care by providing clinicians with historical and current information over time and care contexts, recording physician recommendations, facilitating patient follow-through on referrals, procedures and tests, and avoiding duplication of services
Equity	Family members contribute to health equity by advocating for patient needs and preferences, asking questions on the patient's behalf, providing encouragement and moral support during medical visits, and by facilitating active patient engagement in treatment decision making
Patient-centredness	Family members meaningfully contribute to patient-centred care by facilitating clear, informative and supportive medical visit communication, encouraging patient expression of preferences, expectations and needs and aiding patients in treatment decision making

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/

Vocational training of general practitioners in rural locations is critical for the Australian rural medical workforce
McGrail MR, Russell DJ, Campbell DG
Medical Journal of Australia. 2016;205(5):216-21.

DOI	http://dx.doi.org/10.5694/mja16.00063
Notes	This study looked at GP vocational training location, place of origin and subsequent location of practice 5 years after vocational registration. The results confirm that rural vocational training increases the likelihood of subsequent rural practice, but that this is greatest for GPs who originate from the country.

Disparities in acute in-hospital cardiovascular care for Aboriginal and non-Aboriginal South Australians
Tavella R, McBride K, Keech W, Kelly J, Rischbieth A, Zeitz C, et al
Medical Journal of Australia. 2016;205(5):222-7.

DOI	http://dx.doi.org/10.5694/mja16.00445
Notes	South Australians who identify as Aboriginal are significantly less likely to undergo coronary angiography than non-Aboriginal patients who present with Acute Coronary Syndrome. According to this analysis of emergency admissions data, and a subsequent medical record review, there was no difference in revascularisation rates for those who had an angiogram, between Aboriginal and non-Aboriginal patients. The involvement of an Aboriginal liaison officer or the arrival at hospital with an escort increased the likelihood of an angiogram. There was not difference in the risk burden for Aboriginal and non-Aboriginal patients, but Aboriginal patients were on average 15 years younger than their counterparts (matched controls). In 56% of cases in which Aboriginal patients did not undergo angiography, the decision was attributed to patient-related factors or no clear justification was provided, compared with 17% for non-Aboriginal patients. The authors suggest that a focus on improving the Aboriginal patient experience would be one way of improving care for Aboriginal patients and reducing the health disparities.

For information on the *Acute Coronary Syndromes Clinical Care Standard*, see http://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard/

The new antibiotic mantra—"shorter is better"
Spellberg B
JAMA Internal Medicine. 2016;176(9):1254-5.

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.3646
Notes	Editorial reflecting on how evidence – including an article in this issue of *JAMA Internal Medicine* reporting on a randomised trial comparing short-course vs longer courses of therapy for patients with community-acquired pneumonia – that has shown that shorter courses of antibiotics are as efficacious as longer courses.

Bed utilisation and increased risk of Clostridium difficile *infections in acute hospitals in England in 2013/2014*
Vella V, Aylin PP, Moore L, King A, Naylor NR, Birgand GJC, et al
BMJ Quality & Safety. 2016 September 6, 2016.

DOI	http://dx.doi.org/10.1136/bmjqs-2016-005250
Notes	This paper reports on a retrospective analysis that sought to identify thresholds for hospital bed utilisation which are independently associated with significantly higher risks for *Clostridium difficile* infections (CDI) in acute hospitals in England. The study used reported data from the English National Health Service (NHS) for the financial year 2013/2014. The authors report finding that **increasing bed turnover rate and decreasing average bed occupancy rate were associated with a decrease in *Clostridium difficile* infections**. However, they also observe that the "effect was not large, and **patient mix had a larger impact on CDI rates** than bed utilisation." Consequently, they argue that "strategies to combat CDI must take a wider perspective on contributory factors at the institutional level."

For information on the Commission's work on healthcare associated infections, see http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Associations between ventilator bundle components and outcomes
Klompas M, Li L, Kleinman K, Szumita PM, Massaro AF
JAMA Internal Medicine. 2016;176(9):1277-83.

Unpacking the bundle to lower rates of ventilation-associated pneumonia: Parts may be less than the sum
Auerbach A, Lindenauer P
JAMA Internal Medicine. 2016;176(9):1284-5.

DOI	Klompas et al http://dx.doi.org/10.1001/jamainternmed.2016.2427 Auerbach, and Lindenauer http://dx.doi.org/10.1001/jamainternmed.2016.3523
Notes	Bundles (a collection of interventions and activities) have been developed or proposed for a number of (complex) safety and quality issues. Klompas and colleagues examined the components of the ventilation-associated pneumonia (VAP) bundle in an attempt to understand how the individual components contribute. The study was a retrospective cohort study covering all 5,539 consecutive patients who underwent mechanical ventilation for at least 3 days from 1 January 2009 31 December 2013, at a US hospital. From their analyses, the authors suggest that "Head-of-bed elevation, sedative infusion interruptions, spontaneous breathing trials, and thromboembolism prophylaxis appear beneficial, whereas daily oral care with chlorhexidine and stress ulcer prophylaxis may be harmful in some patients." In the invited commentary piece accompanying the paper, Auerbach and Lindenauer remind us that "a key aspect of bundling is that the whole of the bundle is greater (potentially) than the sum of its parts" and note that the Klompas et al study "suggests that the **benefits of full bundle compliance** might be **greater** than what would be anticipated from **the sum of the individual components**".

Creating Highly Reliable Health Care: How Reliability-Enhancing Work Practices Affect Patient Safety in Hospitals
Vogus TJ, Iacobucci D
ILR Review. 2016;69(4):911-38.

DOI	http://dx.doi.org/10.1177/0019793916642759
Notes	Paper describing an approach aiming to help hospitals become 'high reliability' organisations in order to improve safety and quality of care. In this paper an approach using a combination of specific work practices and behavioural processes to identify and adapt to unexpected events is described. The authors discuss whether and how reliability-enhancing work practices (REWPs) help enable such processes and improve performance (i.e., reduce errors). Using data covering 1,685 registered nurses and 95 nurse managers in 95 hospital nursing units, the paper seeks to examine how REWPs affect a set of attitudinal (affective commitment and organizational citizenship behaviour) and discursive (respectful interaction and mindful organizing) processes. The authors report greater use of **reliability-enhancing work practices** are directly and indirectly **associated with fewer medication errors and patient falls**. In contrast, the organizational citizenship behaviour was associated with more medication errors and patient falls.

Health Affairs
1 September 2016; Vol. 35, No. 9

URL	http://content.healthaffairs.org/content/35/9.toc
Notes	A new issue of *Health Affairs* has been published. This issue has the theme 'Payment Reforms, Prescription Drugs & More'. Articles in this issue of *Health Affairs* include: • **Home-Based Care** Program **Reduces Disability And Promotes Aging** In Place (Sarah L Szanton, Bruce Leff, Jennifer L Wolff, Laken Roberts, and Laura N Gitlin) • **New Anticancer Drugs** Associated With Large Increases In Costs And Life Expectancy (David H Howard, Michael E Chernew, Tamer Abdelgawad, Gregory L Smith, Josephine Sollano, and David C Grabowski) • **Orphan Drug Expenditures** In The United States: A Historical And Prospective Analysis, 2007–18 (Victoria Divino, Mitch DeKoven, Michael Kleinrock, Rolin L. Wade, and Satyin Kaura) • Has The Era Of Slow Growth For **Prescription Drug Spending** Ended? (Murray Aitken, Ernst . Berndt, David Cutler, M Kleinrock, and L Maini • For Medicare's New Approach To **Physician Payment**, Big Questions Remain (Billy Wynne) • The Need For Ongoing Surveys About **Physician Practice Costs** (Marc L Berk) • Medicare's New **Bundled Payment For Joint Replacement** May Penalize Hospitals That Treat Medically Complex Patients (Chandy Ellimoottil, Andrew M Ryan, Hechuan Hou, J Dupree, B Hallstrom, and D C Miller) • Understanding The Role Played By Medicare's **Patient Experience** Points System In **Hospital Reimbursement** (Marc N Elliott, Megan K Beckett, William G Lehrman, Paul Cleary, Christopher W Cohea, Laura A Giordano, Elizabeth H Goldstein, and Cheryl L Damberg) • **Better Patient Care** At High-Quality Hospitals **May Save Medicare Money** And Bolster Episode-Based Payment Models (Thomas C Tsai, Felix Greaves, Jie Zheng, E John Orav, Michael J Zinner, and Ashish K. Jha) • Training And Supervision Did Not Meaningfully Improve **Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa** (Hannah H Leslie, Anna Gage, H Nsona, R Hirschhorn, and M E Kruk)

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: • The problem with '**5 whys**' (Alan J Card) • Bed utilisation and increased risk of ***Clostridium difficile*** infections in acute hospitals in England in 2013/2014 (Venanzio Vella, Paul P Aylin, Luke Moore, A King, N R Naylor, G J C Birgand, H Lishman, A Holmes)

International Journal for Quality in Health Care online first articles

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: • Are **process performance measures** associated with **clinical outcomes** among patients with **hip fractures**? A population-based cohort study (Pia

	Kjaer Kristensen, Theis Muncholm Thillemann, Kjeld Søballe, Søren Paaske Johnsen) • Understanding and using **quality information for quality improvement**: The effect of information presentation (Nicolien C. Zwijnenberg, Michelle Hendriks, Diana M.J. Delnoij, Anke J.E. de Veer, Peter Spreeuwenberg, Cordula Wagner) • Building bridges: engaging **medical residents** in quality improvement and medical leadership (Judith J. Voogt, Elizabeth L.J. van Rensen, Marieke F. van der Schaaf, Mirko Noordegraaf, Margriet ME Schneider)

Online resources

Medical Devices Safety Update
https://www.tga.gov.au/publication-issue/medical-devices-safety-update-volume-4-number-5-september-2016
Volume 4, Number 5, September 2016
The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:

- Industry Code aims to minimise **button battery dangers** for children
- Practice Points: **Medical device Instructions** for Use documents can aid clinicians
- **Software as a medical device**: a summary
- **Recent safety alerts**.

[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 QS129 ***Contraception*** https://www.nice.org.uk/guidance/qs129

[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:

- New summaries are now available for the systematic review, *Psychosocial and Pharmacologic Interventions for Disruptive Behavior in Children and Adolescents*.
  For clinicians: *Psychosocial and Pharmacologic Interventions for **Disruptive Behavior Disorders** in Children and Adolescents* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2289
  For consumers: *Treating **Disruptive Behavior Disorders** in Children and Teens* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2288