On the Radar

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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.

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For information about the Commission and its programs and publications, please visit
http://www.safetyandquality.gov.au
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Hip Fracture Care Clinical Care Standard
Australian Commission on Safety and Quality in Health Care
Sydney: ACSQHC; 2016.
http://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/

The Australian Commission on Safety and Quality in Health Care, in collaboration with consumers, clinicians, researchers and health organisations, has developed the *Hip Fracture Care Clinical Care Standard* and resources to guide and support its implementation.
The *Hip Fracture Care Clinical Care Standard* aims to improve the assessment and management of patients with a hip fracture to optimise outcomes and reduce their risk of another fracture. It covers the care that patients with a suspected hip fracture should be offered from presentation to hospital through to completion of treatment in hospital, and also includes patients who sustain a hip fracture while in hospital.
Additional resources include an **Indicator Specification** (a set of suggested indicators to assist with local implementation of the *Hip Fracture Care Clinical Care Standard*. Clinicians and health services can use the indicators to monitor the implementation of quality statements, and support improvement as needed) and **fact sheets** for **clinicians** and **consumers**.

Reports

Spreading change: A guide to enabling the spread of person- and community-centred approaches for health and wellbeing
Burd H, Hallsworth M
London: Realising the Value; 2016. p. 30.

URL	http://www.nesta.org.uk/publications/spreading-change-guide-enabling-spread-person-and-community-centred-approaches-health-and-wellbeing
Notes	The UK charity Nesta has published this guide suggesting how behavioural science may help spread the take-up of person- and community-centred approaches in health and wellbeing. The guide uses the EAST framework to organise ideas and examples. The core message of **EAST** is that if you want to encourage a behaviour, you should make it **Easy, Attractive, Social and Timely**. The guide is aimed at people championing these approaches in health and social care, in other statutory bodies and in community-based organisations.
	The guide is accompanied by the *Supporting self-management* guide which is written for people who support those living with long-term conditions, or who help people avoid these conditions using person- and community-centred approaches.

Journal articles

The "Seven Pillars" Response to Patient Safety Incidents: Effects on Medical Liability Processes and Outcomes
Lambert BL, Centomani NM, Smith KM, Helmchen LA, Bhaumik DK, Jalundhwala YJ, et al.
Health Services Research. 2016 [epub].

DOI	http://dx.doi.org/10.1111/1475-6773.12548
Notes	Report on an observational study on the implementation of the (US) Agency for Healthcare Research and Quality's Communication and Optimal Resolution (CANDOR) toolkit designed to aid error disclosure. The authors report incident reporting increased, suggesting that more safety problems were both identified and reported. They also note that the number of malpractice claims (and related costs), decreased significantly. The authors also argue that these outcomes were sustained.

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

Improving Patient Safety Culture in Primary Care: A Systematic Review
Verbakel NJ, Langelaan M, Verheij TJ, Wagner C, Zwart DL
Journal of Patient Safety. 2016 Sep;12(3):152-8.

DOI	http://dx.doi.org/10.1097/PTS.0000000000000075
Notes	The aphorism 'culture eats strategy…" is well-known across health. This article reports on a systematic review of patient safety culture in the primary care setting. This setting has received somewhat less attention than the acute, hospital setting. Indeed, the authors report that from an initial identification of 214 articles only two were eligible for inclusion and that while they "provide a first understanding of improvement strategies and their effect in primary care" little else can be concluded and "Further research is needed to help practices make an informed choice for an intervention."

Associations between Extending Access to Primary Care and Emergency Department Visits: A Difference-In-Differences Analysis
Whittaker W, Anselmi L, Kristensen SR, Lau Y-S, Bailey S, Bower P, et al
PLoS Medicine. 2016;13(9):e1002113.

DOI	http://dx.doi.org/10.1371/journal.pmed.1002113
Notes	Also in the primary care setting is this study that the *BMJ* (http://dx.doi.org/10.1136/bmj.i4818) reported as showing "additional GP appointments outside working hours reduces attendance at hospital emergency departments but may not save the health service money overall". This study used a difference-in-differences analysis using hospital administrative data from 2011 to 2014 to assess the impact of 56 primary care practices (346,024 patients) in Greater Manchester, England, offering 7-day extended access throughout 2014, compared with 469 primary care practices (2,596,330 patients) providing routine access. The analyses revealed that "Populations registered to primary care practices with extended access demonstrated a **26.4% relative reduction** (compared to practices without extended access) **in patient-initiated emergency department visits** for "minor" problems …, and a 26.6% … relative reduction in costs of patient-initiated visits to emergency departments for minor problems…. There was an insignificant relative reduction of 3.1% in total emergency department visits (95% CI -6.4% to 0.2%)"

Building a culture of health: A new framework and measures for health and health care in America
Trujillo MD, Plough A
Social Science & Medicine. 2016;165:206-13.

DOI	http://dx.doi.org/10.1016/j.socscimed.2016.06.043
Notes	Also looking at culture, but at a much larger scale (and ambition) is this paper describing the model that the US charity the Robert Wood Johnson Foundation has developed "for a Culture of Health, the trans-disciplinary research that developed a set of metrics that tie to the model, and the community engagement activities undertaken in the development of both the model and metrics." The model and associated activities form a culture change strategy being implemented over 20 years and "Addressing underlying inequities in health affirming life conditions and improving social cohesion across diverse groups to take action to improve theses condition lay at the heart of this strategy."

Clinical Decision Support: a 25 Year Retrospective and a 25 Year Vision
Middleton B, Sittig DF, Wright A
IMIA Yearbook. 2016 (2):S103-S16.

DOI	http://dx.doi.org/10.15265/IYS-2016-s034
Notes	Article reviewing the past and possible potential of clinical decision support. The authors assert that significant progress has been made on the six dimensions they structure their review upon (data, knowledge, inference, architecture and technology, implementation and integration, and users). They expect clinical decision support to "evolve just as dramatically or more so over the next 25 years" and posit a vision in which "the clinical encounter between a clinician and a patient will be supported by a wide variety of cognitive aides to support diagnosis, treatment, care-coordination, surveillance and prevention, and health maintenance or wellness."

Integrating teamwork, clinician occupational well-being and patient safety – development of a conceptual framework based on a systematic review
Welp A, Manser T
BMC Health Services Research. 2016;16(1):1-44.

DOI	http://dx.doi.org/10.1186/s12913-016-1535-y
Notes	Paper describing a conceptual framework that links teamwork, health professionals' well-being and patients' safety. The authors conducted a systematic review across the concepts to examine the evidence and the interrelations. Drawing on 98 studies (that were "highly diverse regarding quality, methodology and outcomes") the authors report finding "support for the existence of independent associations between teamwork, clinician occupational well-being and patient safety". They also identified gaps or issues, with the "main barrier to advancing our understanding of the causal relationships between teamwork, clinician well-being and patient safety is the lack of an integrative, theory-based, and methodologically thorough approach investigating the three concepts simultaneously and longitudinally". They have thus developed an "integrative framework that addresses these limitations and proposes mechanisms by which these concepts might be linked".

Milbank Quarterly
September 2016. Volume 94 Issue 3

URL	http://www.milbank.org/the-milbank-quarterly/search-archives/issue/2016/3
Notes	A new issue of the *Milbank Quarterly* has been published. Articles in this issue of the *Milbank Quarterly* include: • **Quality Improvement** for Whom? (Catherine D DeAngelis) • The Mass Production of Redundant, Misleading, and Conflicted **Systematic Reviews and Meta-analyses** (John P A Ioannidis) • Commentary: Mass Production of **Systematic Reviews and Meta-analyses**: An Exercise in Mega-silliness? (Matthew J Page and D Moher) • The Exnovation of **Chronic Care Management** Processes by Physician Organizations (Hector P Rodriguez, Rachel Mosher Henke, Salma Bibi, Patricia P Ramsay, and Stephen M Shortell)

Journal for Healthcare Quality
September/October 2016, Volume 38, Issue 5

URL	http://journals.lww.com/jhqonline/toc/2016/09000
Notes	A new issue of the *Journal for Healthcare Quality* has been published. Articles in this issue of the *Journal for Healthcare Quality* include: • Lessons From a **Care Management** Pilot Program for People With **Acquired Brain Injury** (Bruner-Canhoto, Laney; Savageau, Judith; Croucher, Deborah; Bradley, Kathryn) • How **Quality Improvement Practice Evidence** Can Advance the Knowledge Base (O'Rourke, Hannah M.; Fraser, Kimberly D) • Using **Lean** to Advance **Quality Improvement Research** (Blackmore, Christopher Craig; Williams, Barbara L.; Ching, Joan M.; Chafetz, Lynne A.; Kaplan, Gary S.) • *Clostridium difficile* Infection in **Inflammatory Bowel Disease**: A Nursing-Based Quality Improvement Strategy (Axelrad, Jordan E.; Shah, Brijen J.)

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- Catastrophic **Medical Malpractice Payouts** in Spain (Arimany-Manso, J.; Gómez-Durán, E. L.; Barbería-Marcalain, E.; Benet-Travé, J.; Martin-Fumadó, C.)
- **Electronic Healthcare**'s Relationship With **Patient Satisfaction** and **Communication** (Mitchell, Jordan P.)
- Hospital Characteristics and the Agency for Healthcare Research and Quality **Inpatient Quality Indicators**: A Systematic Review (Engineer, Lilly D.; Winters, Bradford D.; Weston, Christine M.; Zhang, Allen; Sharma, Ritu; Bass, Eric; Jones, David; Rosen, Amy; Yoon, Frank B.; Borzecki, Ann; Dy, Sydney M.)
- Improving Accuracy and Relevance of **Race/Ethnicity Data**: Results of a Statewide Collaboration in Hawaii (Pellegrin, Karen L.; Miyamura, Jill B.; Ma, Carolyn; Taniguchi, Ronald
- Brief Report on **Obstetricians'/Gynecologists'** Distribution of **Scarce Resources** (Raglan, Greta B.; Cain, Joanna M.; Schulkin, Jay)
- Applying the New Institute for Healthcare Improvement **Inpatient Waste Tool** to Identify "Waste" in the **Intensive Care Unit** (Almoosa, Khalid F.; Luther, Katharine; Resar, Roger; Patel, Bela)

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Healthcare Quarterly
Vol. 19 No. 2 2016

URL	http://www.longwoods.com/publications/healthcare-quarterly/24653
Notes	A new issue of *Healthcare Quarterly* has been published, with a special focus on complex care and multimorbidity. Articles in this issue of *Healthcare Quarterly* include: - **Care for Patients with Complex Needs**:Canadian Results from the Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians (Christina Lawand, Geoff Paltser, Grace Cheung and Alison Ytsma) - What Gets in the Way of **Person-Centred Care for People with Multimorbidity**? Lessons from Ontario, Canada (Kerry Kuluski, Allie Peckham, A Paul Williams and Ross E G Upshur) - Understanding **Clinical Complexity** the Hard Way: A Primary Care Journey (Ross E G Upshur) - **eHealth** Advances in Support of People with **Complex Care Needs**:Case Examples from Canada, Scotland and the US (Carolyn Steele Gray, Stewart Mercer, Ted Palen, Brian McKinstry and Anne Hendry on behalf of The Multi-National eHealth Research Partnership Supporting Complex Chronic Disease and Disability, The eCCDD Network) - Applying **Clinical Practice Guidelines** to the **Complex Patient**: Insights for Practice and Policy from Stroke Rehabilitation (Michelle L A Nelson, Agnes Grudniewicz and Sarah Albadry) - **Performance Measurement** for People with **Multimorbidity** and Complex Health Needs (Walter P Wodchis) - Realizing the Potential of **Rehabilitative Care** for People with **Complex Health Conditions**: The Time Is Now (Charissa Levy, Sue Balogh and Emmi Perkins) - It Takes Two to Tango: Researchers and Decision-Makers **Collaborating to Implement Practice Changes** for Patients with Multimorbidity (Martin Fortin, Martine Couture, Tarek Bouhali, Esther Leclerc and Moira Stewart)

	- Building Bridges to Integrate Care (BRIDGES): Incubating **Health Service Innovation** across the Continuum of Care for Patients with Multiple Chronic Conditions (Onil Bhattacharyya, Michael Schull, Kaveh Shojania, Vicky Stergiopoulos, Gary Naglie, Fiona Webster, Ricardo Brandao, Tamara Mohammed, J Christian, G Hawker, L Wilson and W Levinson) - A "Simple" Evidence-Based Intervention to Improve **Care Transitions for Frail Patients with Complex Health Conditions**: Why Didn't It Work as Expected? (David McNeil, Roger Strasser, Nancy Lightfoot and R Pong) **Improving Outcomes** through Transformational Health and Social **Care Integration** – The Scottish Experience (Anne Hendry, Alison Taylor, Stewart Mercer and Peter Knight) - A **Health System for Patients with Complex Conditions**: Reflections from Bridgepoint's Transformation (Marian Walsh)

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: **Incident reporting**: **rare incidents** may benefit from national problem solving (Ann-Marie Howell, Elaine M Burns, Louise Hull, Erik Mayer, Nick Sevdalis, Ara Darzi)

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: - Work characteristics and **psychological symptoms among GPs and community nurses**: a preliminary investigation in China (Liuyi Zhang, Fang Wang, Yao Cheng, Ping Zhang, Yuan Liang) - Providing **antenatal corticosteroids** for preterm birth: a quality improvement initiative in Cambodia and the Philippines (Jeffrey Michael Smith, Shivam Gupta, Emma Williams, Kate Brickson, Keth Ly sotha, Navuth Tep, Anthony Calibo, Mary C Castro, B Marinduque, M Hathaway) - Defining a **typology of primary care practices**: a novel approach (Nicolas Senn, Christine Cohidon, Jean-Christophe Zuchuat) - Best of both worlds: combining evidence with local context to develop a **nursing shift handover blueprint** (Marian Smeulers, Hester Vermeulen) - The effect of a nurse-led telephone-based **care coordination** program on the follow-up and control of cardiovascular risk factors in patients with coronary artery disease (Ningyan Wong, Siang Jin Terrance Chua, Fei Gao, Sok Tiang Rosalind Sim, David Matchar, Sung Lung Aaron Wong, Khung Keong Yeo, Wei Chieh Jack Tan, Chee Tang Chin)

Online resources

[USA] Patient Safety Primers
https://psnet.ahrq.gov/primers/
The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) adiscuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.
- ***Fatigue, Sleep Deprivation, and Patient Safety*** – Sleep deprivation is known to impair various cognitive functions, and its effect on clinician performance may have significant implications for patient safety. https://psnet.ahrq.gov/primers/primer/37

[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 NG 54 ***Mental health problems in people with learning disabilities****: prevention, assessment and management* https://www.nice.org.uk/guidance/ng54
- NICE Clinical Guideline CG42 ***Dementia****: supporting people with dementia and their carers in health and social care* https://www.nice.org.uk/guidance/cg42

[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 for the systematic review, *Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder*
  For consumers: *Comparing Talk Therapy and Other **Depression Treatments** With Antidepressant Medicines* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2302
  For clinicians: *Nonpharmacological Versus Pharmacological Treatment for Patients With **Major Depressive Disorder****: Current State of the Evidence* https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2303

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