



On the Radar

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson, Alice Bhasale, Emily Knighton

Reports

Creating supportive environments: tackling behaviours that undermine a culture of safety

Academy of Medical Royal Colleges' Trainee Doctors Group

London: Academy of Medical Royal Colleges; 2016. p. 19.

URL	
	http://www.aomrc.org.uk/news-and-views/creating-supportive-environments
Notes	<p>The (UK) Academy of Medical Royal Colleges' Trainee Doctors' Group developed this interim report examining bullying and undermining within the medical workforce in the UK. The authors note that “Bullying and undermining is bad for patient safety” and also “damages the wellbeing of those involved. It is not conducive to high quality training and does not help recruitment and retention of staff. In addition, it can affect the patient’s experience of care and increase costs. It damages the reputation of medical specialties” and the wider health system.</p> <p>They go on to suggest that “to promote a culture of safety and good quality of care, the health system must act to address behaviours that threaten the performance of the healthcare team. Factors identified as predisposing to bullying and undermining were dysfunctional leadership, division within teams and steep hierarchies.”</p>

User feedback in maternity services

Wenzel L, Jabbal J

London: The King's Fund; 2016 October 2016. 69 p.

URL	http://www.kingsfund.org.uk/publications/user-feedback-maternity-services
Notes	<p>Learning from feedback is a frequently heard improvement tool. This report from the UK charity The King's Fund examines how UK maternity services are collecting, analysing and acting upon feedback from their users. The report describes the challenges of adopting the different approaches and highlights the features of organisations that are showing success in user feedback activities. The key findings include:</p> <ul style="list-style-type: none">• Organisations need to have a clear view on the value and purpose of user feedback.• Leaders are key to ensuring that user feedback and actions taken as a result of it are seen as a priority within the organisation and part of a wider culture of improvement.• Organisations with the strongest track record in patient feedback use a variety of approaches to collecting their service user's views, including those tailored to local circumstances.• Service users should be involved in all stages of the feedback process.• Sufficient time and resources need to be invested in feedback systems so that feedback activities are protected when services are under pressure.

Journal articles

Patient safety and workplace bullying: an integrative review

Houck NM, Colbert AM

Journal of Nursing Care Quality. 2016 [epub]

Promoting safety through well-being: an experience in healthcare

Bruno A, Bracco F

Frontiers in Psychology. 2016;7(1208).

DOI	Houck and Colbert http://dx.doi.org/10.1097/NCQ.000000000000209 Bruno and Bracco http://dx.doi.org/10.3389/fpsyg.2016.01208
Notes	<p>Related to the themes in the report from the Academy of Medical Royal Colleges' Trainee Doctors Group (above), are these two papers.</p> <p>Houck and Colbert offer their review of the literature on the impact of workplace nurse bullying on patient safety. The literature is reported as showing that bullying affected fall rates, medication or treatment errors, delays, adverse events, and communication. The authors argue that policies and interventions to reduce workplace bullying and its effect on patient care can be developed.</p> <p>Bruno and Bracco report on a project involving 60 nurses and physicians working in the operating rooms of six hospitals in the North of Italy that sought to develop an "inter-organizational methodology for noticing and monitoring critical threats to safety and well-being". The tool developed used a report form enabling individuals and teams to monitor and share ideas about critical aspects that affect their safety and well-being, collect contributions to solve them, sustain dissemination of good practices and frame health promotion as a crucial organizational resource. Important features are leadership, engagement and participation.</p>

Early, goal-directed mobilisation in the surgical intensive care unit: a randomised controlled trial
 Schaller SJ, Anstey M, Blobner M, Edrich T, Grabitz SD, Gradwohl-Matis I, et al.
 Lancet.388(10052):1377-88.

The effect of structured physical activity on overall burden and transitions between states of major mobility disability in older persons: secondary analysis of a randomized, controlled trial effect of physical activity on mobility outcomes
 Gill TM, Guralnik JM, Pahor M, Church T, Fielding RA, King AC, et al.
 Annals of Internal Medicine. 2016 [epub].

DOI	Schaller et al http://dx.doi.org/10.1016/S0140-6736(16)31637-3 Gill et al http://dx.doi.org/10.7326/m16-0529
Notes	<p>Maintaining functional independence after surgery, illness or disability is of increasing interest (see On the Radar Issue 283), and is particularly important for older people for whom loss of function can have far-reaching consequences and take longer to reverse. Schaller et al in <i>The Lancet</i> demonstrate that a trial of early mobilisation with specific daily goals, for mechanically ventilated patients in the surgical ICU reduced ICU length of stay, improved mobilisation scores and functional mobility at hospital discharge without serious adverse events. An accompanying commentary (http://dx.doi.org/10.1016/S0140-6736(16)31745-7) describes the trial as innovative not because of the exercise component alone, but as a “ complex intervention demanding interdisciplinary coordination and communication”, with the co-ordinating components requiring as much time as the physical therapy itself.</p> <p>A community based study by Gill et al compared a long-term structured physical activity program with health education, and found significant benefits for reducing the burden of immobility and disability. Over 2.7 years of follow-up, those in the exercise group were less likely to lose their ability to walk 400m independently, and more likely to change from being immobile to being able to walk.</p>

Medication Errors in Outpatient Pediatrics

Berrier K
 MCN Am J Matern Child Nurs. 2016 Sep-Oct;41(5):280-6.

Liquid medication errors and dosing tools: a randomized controlled experiment
 Yin HS, Parker RM, Sanders LM, Dreyer BP, Mendelsohn AL, Bailey S, et al
 Pediatrics. 2016;138(4).

DOI	Berrier http://dx.doi.org/10.1097/NMC.0000000000000261 Yin et al http://dx.doi.org/10.1542/peds.2016-0357
Notes	<p>Medication errors are one of the commonest forms of error and they can occur at almost any stage of the patient journey, including at home. Berrier’s commentary examines some of the issues around medication errors children can experience in the home. These include administration issues for parents, such as misunderstanding labels and dosing errors, as well as issues of health literacy. A number of strategies for decreasing these medication administration errors are described, including standardised dosing instruments and picture-based dosing instructions.</p> <p>Yin et al examined how labelling and tools, along with health literacy and language, affected medication administration by parents. The paper describes the randomised controlled experiment in 3 urban paediatric clinics in the USA in which 2110 English- or Spanish-speaking parents of children ≤8 years old were randomly assigned to 1 of 5 study arms and given labels and dosing tools that varied in unit pairings. The authors report that 84.4% of parents made ≥1 dosing error (21.0% ≥1 large error). From their analyses the authors conclude that “Recommending oral syringes over cups, particularly for smaller doses, should be part of a comprehensive pediatric labeling and dosing strategy to reduce medication errors.”</p>

For information about the Commission’s work on medication safety, see www.safetyandquality.gov.au/our-work/medication-safety/

Communication Tools for End-of-Life Decision-Making in Ambulatory Care Settings: A Systematic Review and Meta-Analysis

Oczkowski SJ, Chung H-O, Hanvey L, Mbuagbaw L, You JJ
 PLoS ONE. 2016;11(4):e0150671.

DOI	http://dx.doi.org/10.1371/journal.pone.0150671
Notes	<p>This research article reports on a review that sought to determine the effect of structured communication tools for end-of-life decision making amongst adults in ambulatory care settings. A total of 366 articles were selected for full text review and of these 67 reported findings from studies conducted in the outpatient setting and are the subject of the article.</p> <p>The primary outcomes were:</p> <ul style="list-style-type: none"> • Completion of advance care planning (documentation or discussion) • Concordance between the care desired by the patient and documented orders for medical care • Concordance between care desired by patients and care received by patients <p>A number of secondary outcomes were also identified in the review. The authors acknowledge that the review provides evidence (albeit low quality) that the use of structured communication tools have a ‘class effect’ and may increase the completion of Advance Care Planning (discussions or documentation of Advance Directives). The limited reporting of important clinical outcomes was noted by the authors as a difficulty they encountered.</p> <p>The review concluded that overall available evidence suggests that structured communication tools assist in end-of-life decision making and may improve communication processes. However, the magnitude of this remains uncertain due to the low quality of the existing evidence.</p>

For information about the Commission’s work on end of life care, see <https://www.safetyandquality.gov.au/our-work/end-of-life-care-in-acute-hospitals/>

Interactive patient blood management dashboards used in Western Australia

Trentino KM, Swain SG, Geelhoed GC, Daly FFS, Leahy MF
 Transfusion. 2016 [epub].

DOI	http://dx.doi.org/10.1111/trf.13854
Notes	<p>The safe, efficient and effective use of blood is a vital and necessary activity. Patient Blood Management (PBM) is a multidisciplinary approach that promotes appropriate care for patients and reduces exposure to unnecessary blood transfusions. This short article (and associated video) describes the development of a patient blood management dashboard system that allow physicians to compare practice with peers, allow departments to compare practice with other departments, and allow hospitals to compare practice with other hospitals.</p>

For information about the Commission’s work with the National Patient Blood Management Collaborative, see <https://www.safetyandquality.gov.au/national-priorities/pbm-collaborative/>

Physician-driven variation in nonrecommended services among older adults diagnosed with cancer
 Lipitz-Snyderman A, Sima CS, Atoria CL, Elkin EB, Anderson C, Blinder V, et al
 JAMA Internal Medicine. 2016;176(10):1541-8.

Physician practice style variation—implications for policy
 Van Parys J, Skinner J
 JAMA Internal Medicine. 2016;176(10):1549-50.

Low-Value Health Care Services in a Commercially Insured Population.
 Reid RO, Rabideau B, Sood N.
 JAMA Intern Med. 2016;176(10):1567-71

From Choosing Wisely to practicing value—more to the story
 Parks AL, O’Malley PG
 JAMA Internal Medicine. 2016;176(10):1571-2.

DOI	Lipitz-Snyderman et al http://dx.doi.org/10.1001/jamainternmed.2016.4426 Van Parys and Skinner http://dx.doi.org/10.1001/jamainternmed.2016.4433 Reid et al http://dx.doi.org/10.1001/jamainternmed.2016.5031 Parks and O’Malley http://dx.doi.org/10.1001/jamainternmed.2016.5034
Notes	<p>Several articles in <i>JAMA Internal Medicine</i> focus on variation in healthcare, particularly in the context of low-value care – for example as identified through the Choosing Wisely campaign.</p> <p>Geographic variation in healthcare does not in itself signal a clinical quality issue and other frequently noted explanations include variable access, patient choice, and individual clinical differences warranting deviation from standard care. Van Parys and Skinner commend Lipitz-Snyderman et al’s study for effectively overcoming these commonly raised questions by examining the extent to which physicians repeatedly order interventions that are not recommended (in any circumstances). In a large US study linking cancer registry and US Medicare data, the researchers used the registry data to pinpoint the populations for whom the care was not recommended (e.g. imaging for staging of early-stage prostate or breast cancer). For these non-recommended items where there was significant variation, they demonstrated that individual physicians tended to behave consistently and were more likely to request or use non-recommended interventions if they had a pattern of doing so in the past. Hence patient factors were unlikely to be the cause of variation.</p> <p>Reid et al demonstrate the costs associated with low-value care in an analysis of items considered by Choosing Wisely to be ‘low-value care’, in a private insurance database. Highest costs were associated with spinal injection for low back pain (US\$12.1 million), imaging for uncomplicated headache (US\$3.6 million) and imaging for low-back pain (US\$ 3.1 million), in 2013. Low-value spending was less amongst non-white and lower-income patients.</p> <p>Parks et al urge the American Board of Internal Medicine to do more with the Choosing Wisely lists to “link awareness with action”. Better training and awareness regarding communication with patients, particularly regarding the risks and benefits of tests and treatments should be one of the primary targets of this action, and is described by the authors as an area “ripe for intervention”.</p>

Prevention by Design: Construction and Renovation of Health Care Facilities for Patient Safety and Infection Prevention
Olmsted RN

Infectious Disease Clinics of North America. 2016;30(3):713-28.

DOI	http://dx.doi.org/10.1016/j.idc.2016.04.005
Notes	Prevention is almost always easier than cure and design controls tend to be more effective than behavioural ones. This paper applies such an approach to considering how health care settings can be created that are more amenable to the prevention of infection. The author argues that infection control risk assessment (ICRA) and mitigation recommendations are essential components of infection prevention and patient safety programs and that infection prevention experts should inform and be involved in construction and renovation projects from the earliest possible point.

Measurement of patient safety: a systematic review of the reliability and validity of adverse event detection with record review

Hanskamp-Sebregts M, Zegers M, Vincent C, van Gurp PJ, de Vet HCW, Wollersheim H
BMJ Open. 2016;6(8):e011078.

DOI	http://dx.doi.org/10.1136/bmjopen-2016-011078
Notes	Identifying and measuring patient safety hazards, incidents, errors, near misses, etc. is somewhat fraught. This systematic review examined record review as a means of detecting adverse events, particularly the reliability and validity of adverse event detection with record review. The review authors conclude that “reliability of record review is moderate to substantial and improved when a small group of reviewers carried out record review. The validity of the record review method has never been evaluated, while clinical data registries, autopsy or direct observations of patient care are potential reference methods that can be used to test concurrent validity.”

Health Affairs

1 October 2016; Vol. 35, No. 10

URL	http://content.healthaffairs.org/content/35/10.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published. This issue has the theme ‘Insurance, The ACA, Care In India & More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Lessons From Low-Cost, High-Quality Eye Care (Margaret K Saunders) • Rethinking Thirty-Day Hospital Readmissions: Shorter Intervals Might Be Better Indicators Of Quality Of Care (David L Chin, Heejung Bang, Raj N Manickam, and Patrick S Romano) • Mandatory Provider Review And Pain Clinic Laws Reduce The Amounts Of Opioids Prescribed And Overdose Death Rates (Deborah Dowell, Kun Zhang, Rita K Noonan, and Jason M Hockenberry) • Controlled Substance Lock-In Programs: Examining An Unintended Consequence Of A Prescription Drug Abuse Policy (Andrew W Roberts, Joel F Farley, G Mark Holmes, Christine U Oramasionwu, Chris Ringwalt, Betsy Sleath, and Asheley C Skinner) • Hospital Readmissions Reduction Program: Safety-Net Hospitals Show Improvement, Modifications To Penalty Formula Still Needed (Kathleen Carey and Meng-Yun Lin)

BMJ *Quality and Safety* online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p>BMJ <i>Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none">• A work observation study of nuclear medicine technologists: interruptions, resilience and implications for patient safety (George Larcos, Mirela Prgomet, Andrew Georgiou, Johanna Westbrook)

Online resources

[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:

- *Data Linkage Strategies to Advance Youth Suicide Prevention*
<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2203>

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