AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

Reports

Providing a 'safe space' in healthcare safety investigations
Department of Health (UK)
London; 2016. p. 43.

URL	https://www.gov.uk/government/consultations/providing-a-safe-space-in-healthcare-safety-investigations
Notes	The UK Department of Health has produced this consultation document seeking input on creating a balanced 'safe space' that would enable NHS staff to speak up about incidents without the fear of being punished. The proposal seeks to legally ensure that information that staff provide as part of a health service investigation will be kept confidential except where there is an immediate risk to patient safety, or where the High Court makes an order permitting disclosure.

Journal articles

Learning from excellence in healthcare: a new approach to incident reporting
Kelly N, Blake S, Plunkett A
Archives of Disease in Childhood. 2016;101(9):788-91.

DOI	http://dx.doi.org/10.1136/archdischild-2015-310021
Notes	Reflecting on how incident reporting has tended to be directed to the aberrant or harmful this paper reports on an attempt to devise an incident reporting system (Learning from Excellence or LfE)that sought to "provide a means of identifying and capturing learning from episodes of **peer-reported excellence** or **positive deviance**" and was based on the premise that "that reporting and studying success would augment learning, enhance patient outcomes and experience through quality improvement work and positively impact resilience and culture in the workplace." The experience, reported in the paper, of a UK paediatric intensive care unit is largely positive. The paper includes a link to http://www.learningfromexcellence.com where LfE resources are freely available.

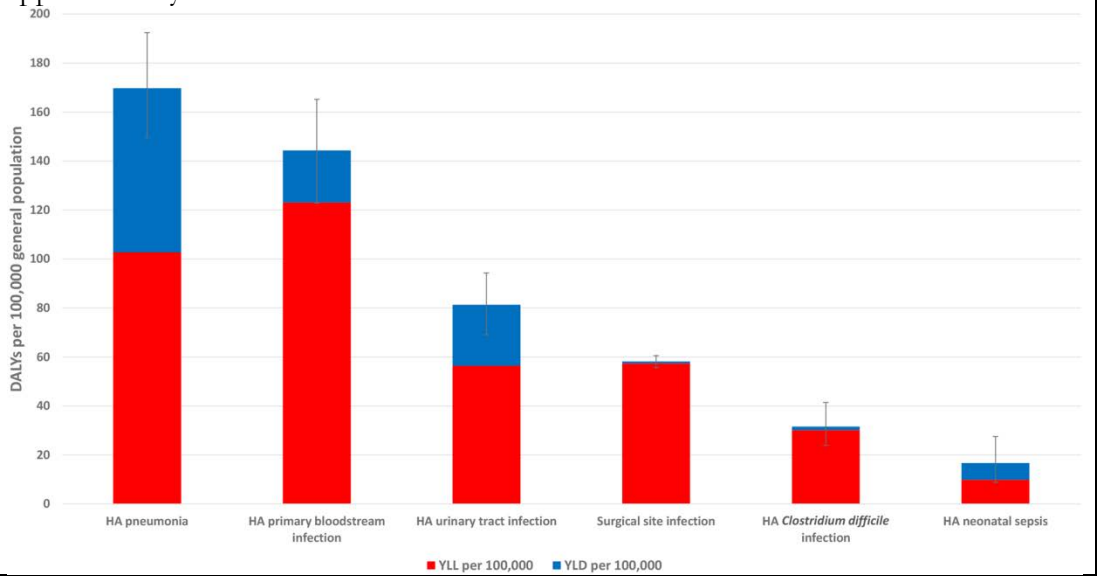
Solving the Problem of Overdiagnosis
Elmore JG
New England Journal of Medicine. 2016;375(15):1483-6.

DOI	http://dx.doi.org/10.1056/NEJMe1608683
Notes	Editorial reflecting on the problem of overdiagnosis, particularly relating to breast cancer. Addressing overdiagnosis will take "a multilevel approach ranging from research and education at the population level to intensified focus at the patient level". Also identified are health care system incentives, feedback systems, medical malpractice litigation, diagnostic thresholds, communication and others. As the author notes "We get credit for curing disease that never would have harmed the patient. We receive positive feedback from patients thanking us for "saving my life," alarming feedback from patients with "missed diagnoses," and no feedback at all from patients whose cancer was overdiagnosed."

Rethinking medical ward quality
Pannick S, Wachter RM, Vincent C, Sevdalis N
BMJ. 2016;355:i5417.

DOI	http://dx.doi.org/10.1136/bmj.i5417
Notes	This piece suggests that the focus of improvement in the safety and quality in acute care has possibly tended to focus too much on areas of specialised care, such as the intensive care unit or the operating theatre and for acute care quality to improve the focus needs to include medical wards and the complexity they encompass. The authors "envisage four broad categories of ward intervention to tackle complexity", these being: • **Standardise predictable care tasks** to reduce specific harms • **Simplify the care environment** and the systems that support care delivery • Optimise effectiveness of **interdisciplinary teams** • **Patient engagement** in transitions of care.

Burden of Six Healthcare-Associated Infections on European Population Health: Estimating Incidence-Based Disability-Adjusted Life Years through a Population Prevalence-Based Modelling Study
Cassini A, Plachouras D, Eckmanns T, Abu Sin M, Blank H-P, Ducomble T, et al
PLoS Med. 2016;13(10):e1002150.

DOI	http://dx.doi.org/10.1371/journal.pmed.1002150
Notes	Paper reporting on a study that sought to estimate the burden of six common healthcare-associated infections (HAIs) in disability-adjusted life years (DALYs) in the EU. The infections covered included healthcare-associated pneumonia (HAP), healthcare-associated urinary tract infection (HA UTI), surgical site infection (SSI), healthcare-associated C. difficile infection (HA CDI), healthcare-associated neonatal sepsis, and healthcare-associated primary bloodstream infection (HA primary BSI). The study estimated that more than **2.5 million cases of HAI** occur in the **European Union** and European Economic Area (EU/EEA) **each year**, corresponding to approximately **2.5 million DALYs**. 

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

Receipt of antibiotics in hospitalized patients and risk for Clostridium difficile infection in subsequent patients who occupy the same bed
Freedberg DE, Salmasian H, Cohen B, Abrams JA, Larson EL
JAMA Internal Medicine. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.6193
Notes	Paper reporting on a study that sought to assess whether receipt of antibiotics by prior hospital bed occupants is associated with increased risk for *Clostridium difficile* infection (CDI) in subsequent patients who occupy the same bed. The study was a retrospective cohort study of adult patients hospitalized in 4 hospitals between 2010 and 2015 and covered 100 615 pairs of patients who sequentially occupied a given hospital bed. Of these, there were 576 pairs (0.57%) in which the subsequent patient developed CDI. As the ARHQ PSNet synopsis observed, "This study demonstrated that when a hospitalized patient receives antibiotics, the next patient who occupies the same hospital bed is at risk for *C. difficile* infection. This finding highlights the importance of both antibiotic stewardship programs and environmental approaches to infection control"

Frequency of First-line Antibiotic Selection Among US Ambulatory Care Visits for Otitis Media, Sinusitis, and Pharyngitis
Hersh AL, Fleming-Dutra KE, Shapiro DJ, Hyun DY, Hicks LA, for the Outpatient Antibiotic Use Target-Setting Workgroup
JAMA Internal Medicine. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jamainternmed.2016.6625
Notes	Research letter reporting on a study of 44 million patients who receive outpatient antibiotic prescriptions for sinus infections, middle-ear infections, and pharyngitis (sore throat) each year, that found **only 52% receive the recommended first-line antibiotics** such as penicillin or amoxicillin. In many cases these patients were prescribed broader spectrum antibiotics. An accompany report, *Health Experts Establish National Targets to Improve Outpatient Antibiotic Selection*, available on the Pew Charitable Trusts website at http://www.pewtrusts.org, contains the recommendations of a panel of experts on targets for improving the selection of antibiotic prescribing.

How to monitor patient safety in primary care? Healthcare professionals' views
Samra R, Car J, Majeed A, Vincent C, Aylin P
JRSM Open. 2016 August 1, 2016;7(8).

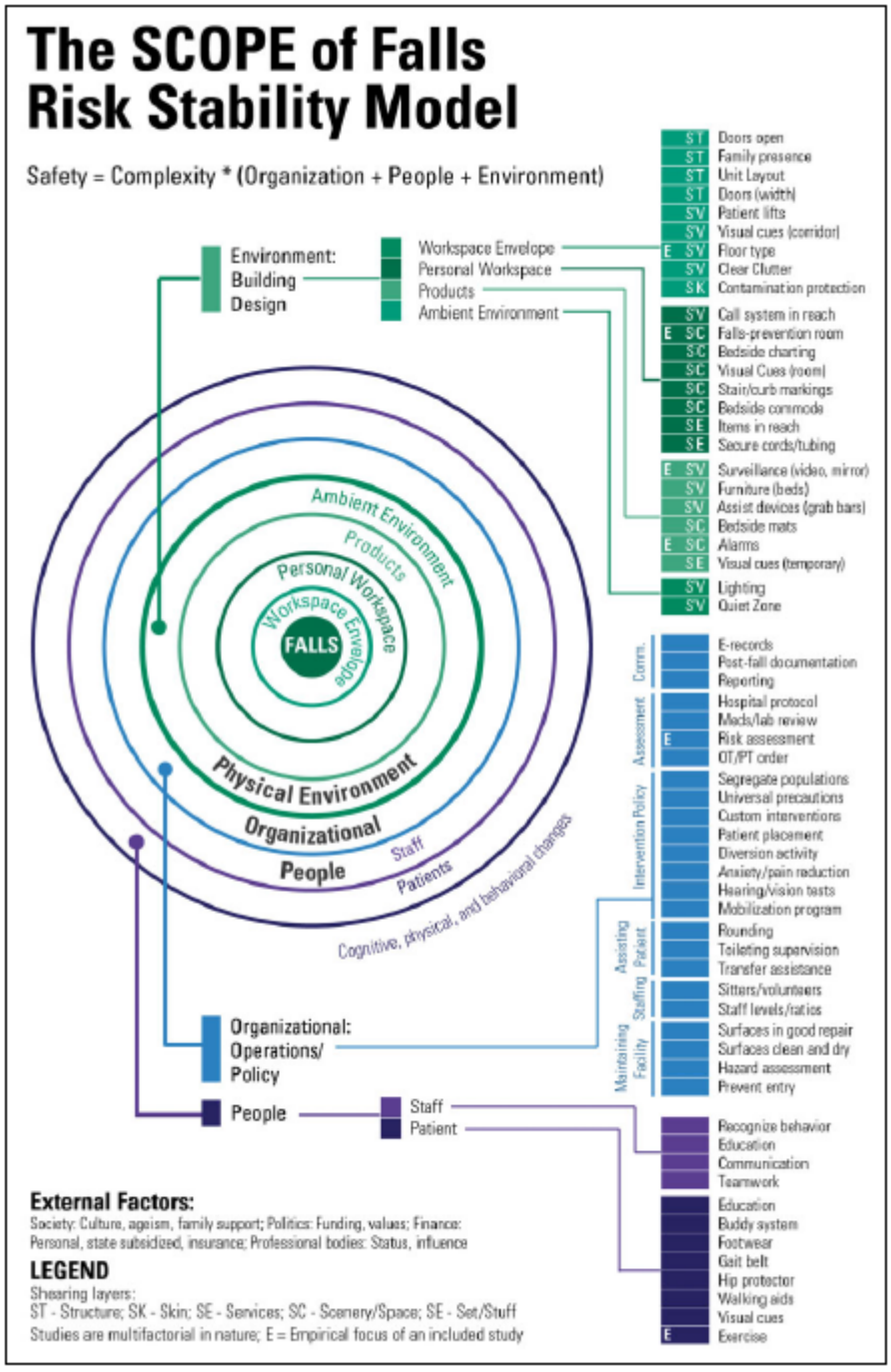
DOI	http://dx.doi.org/10.1177/2054270416648045
Notes	Paper reporting on a survey of British clinicians seeking their suggestions of strategies for monitoring patient safety in primary care. The 113 respondents made 188 suggestions that were then categorised into "24 different future monitoring strategies with varying levels of support". The most common suggestion was that "patient safety can only be monitored effectively in primary care with greater levels of staffing or with additional resources." The dissemination of information after events was also supported.

Treatment or Monitoring for Early Prostate Cancer
D'Amico AV
New England Journal of Medicine. 2016;375(15):1482-3.

DOI	http://dx.doi.org/10.1056/NEJMe1610395
Notes	Editorial commenting on a pair of studies reported in the same issue of *NEJM that* sought to address the somewhat vexed question of how to manage early prostate cancer. The answers remain elusive but as the editorial concludes "PSA monitoring, as compared with treatment of early prostate cancer, leads to increased metastasis. Therefore, if a man wishes to avoid metastatic prostate cancer and the side effects of its treatment, monitoring should be considered only if he has life-shortening coexisting disease such that his life expectancy is less than the 10-year median follow-up of the current study. In addition, given no significant difference in death due to prostate cancer with surgery versus radiation and short-course androgen-deprivation therapy, men with low-risk or intermediate-risk1 prostate cancer should feel free to select a treatment approach using the data on health-related quality of life and without fear of possibly selecting a less effective cancer therapy."

The SCOPE of Hospital Falls: A Systematic Mixed Studies Review
Taylor E, Hignett S
HERD: Health Environments Research & Design Journal. 2016 July 1, 2016;9(4):86-109.

DOI	http://dx.doi.org/10.1177/1937586716645918
Notes	Report of systematic mixed studies review on hospital falls that focused on 27 studies. The authors describe a theoretical model used to develop a human factors framework for considering solutions. The author's pay particular attention to the built environment.



SCOPE model: Safety = Complexity * (Organization + People + Environment).

For information about the Commission's work on falls prevention, see https://www.safetyandquality.gov.au/our-work/falls-prevention/

Using Human Factors Design Principles and Industrial Engineering Methods to Improve Accuracy and Speed of Drug Selection with Medication Trays
Chen D-W, Chase VJ, Burkhardt ME, Agulto AZ
Joint Commission Journal on Quality and Patient Safety. 2016;42(10):473-7.

URL	http://www.ingentaconnect.com/content/jcaho/jcjqs/2016/00000042/00000010/art00006
Notes	For some time human factors (re)engineering has been seen as something of a panacea for various issues. This paper reports on how human factors approaches contributed to the redesign of medication trays leading to an improvement in medication label visibility and medication administration efficiency.

Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study
Edrees H, Connors C, Paine L, Norvell M, Taylor H, Wu AW
BMJ Open. 2016;6(9):e011708

DOI	http://dx.doi.org/10.1136/bmjopen-2016-011708
Notes	Paper reporting on the implementation of a second victim support programme at a major teaching hospital in the USA. Second victims are healthcare workers who experience emotional distress following patient adverse events. The support programme – RISE (Resilience In Stressful Events) programme – was a multidisciplinary peer support programme.

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: • Development of a **high-value care culture survey**: a modified Delphi process and psychometric evaluation (Reshma Gupta, Christopher Moriates, James D Harrison, Victoria Valencia, Michael Ong, Robin Clarke, Neil Steers, Ron D Hays, Clarence H Braddock, Robert Wachter)

Online resources

Optimal cancer care pathways
http://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html
A series of Optimal Cancer Care Pathways (OCP) to be used as guides for specialists, GPs, health administrators, other health professionals and consumer have been developed. These pathways have been developed by the National Cancer Expert Reference Group [NCERG], comprising clinical oncologists, GPs and consumers, in consultation with medical colleges and peak health organisations, with the aim of reducing significant differences in outcomes for cancer sufferers according to their background, wealth and location.
The pathways are designed to promote a full understanding of the patient journey in order to foster quality cancer care from the point of diagnosis. Each pathway identifies specific points and recommended care at each stage. Both detailed and quick reference guides have been developed for the following tumour types:

- acute myeloid leukaemia
- breast cancer
- colorectal cancer
- endometrial cancer
- head and neck cancers
- hepatocellular carcinoma
- high-grade glioma cancer
- hodgkin lymphoma and diffuse large B-cell lymphoma

- lung cancer
- melanoma
- non-melanoma
- oesophagogastric cancer
- ovarian cancer
- pancreatic cancer
- prostate cancer.

[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 Clinical Guidance CG98 ***Jaundice*** *in newborn babies under 28 days*
  https://www.nice.org.uk/guidance/cg98
