## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# On the Radar

Issue 299 14 November 2016

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On the Radar

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To mark Antibiotic Awareness Week, this issue of *On the Radar* contains a number of relevant papers and articles, some of which have appeared previously.

## Implementation Plan: National Antimicrobial Resistance Strategy 2015-2019

Australian Government, Department of Health, Department of Agriculture and Water Resources Canberra: Australian Government; 2016. p. 72.

URL	http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-amr.htm	
	The Australian Government has released the first Implementation Plan to support the	
	National Antimicrobial Resistance Strategy 2015-2019.	
	This Implementation Plan outlines Focus Areas for activity, as well as specific actions	
	being undertaken by the Australian Government, State and Territory Governments,	
Notes	non-government organisations, professional bodies and research organisations. The	
INOLES	Plan incorporates activities being undertaken across various sectors to encourage and	
	enable collaboration and information sharing. These activities contribute to the	
	establishment of an evidence base and better target our efforts to address gaps and	
	ensure appropriate policies and programs are in place to limit the development of	
	antimicrobial resistance.	

## Tackling drug-resistant infections globally: Final report and recommendations Review on Antimicrobial Resistance

	wiew on minimerobial Resistance	
London: Rev	riew on Antimicrobial Resistance; 2016. p. 84.	
URL	http://amr-review.org/	
TRIM	D16-17376	
Notes	Over the last couple of years the reports from the UK Review on Antimicrobial Resistance have been covered in <i>On the Radar</i> . The Review's final report has now been released and has been accompanied with a high level of media coverage globally. This report rehearses the growing problem of resistance and why action is needed, provides an overview of the solutions that the Review team thinks should be implemented to curtail unnecessary use and increase the supply of new antimicrobials. The report also discusses public awareness campaigns, the need to improve sanitation and hygiene, reduce pollution from agriculture and the environment, improve global surveillance, introduce rapid diagnostics and vaccines, the need to increase the number of people in this area, and use of market entry rewards and an innovation fund to generate more drugs. The paper also examines how these solutions may be funded and looks at ways to build political consensus around them.	

## Antimicrobial stewardship: another focus for patient safety?

Tamma PD, Holmes A and Dodds Ashley E

## Curr Opin Infect Dis. 2014 [epub].

innect Dis. 2014 [epub].	
http://dx.doi.org/10.1097/QCO.000000000000077	
This review article makes the point that antibiotic stewardship is about patient	
safety at least as much as it is about stemming antibiotic resistance. The review	
notes the literature on antimicrobial stewardship and its patient safety implications.	
The National Safety and Quality Health Standards, Standard 3 Preventing and	
Controlling Healthcare Associated Infections has an antimicrobial stewardship	
criterion. This criterion requires that healthcare services:	
Have an antimicrobial stewardship program in place	
Provide clinicians prescribing antimicrobials access to current endorsed	
Therapeutic Guidelines on antimicrobial usage	
Undertake monitoring of antimicrobial usage and resistance	
• Take action to improve the effectiveness of antimicrobial stewardship.	

# Clinical and Economic Outcomes from the Implementation of Hospital-based Antimicrobial Stewardship Programs: A Systematic Review and Meta-Analysis

Karanika S, Paudel S, Grigoras C, Kalbasi A, Mylonakis E. Antimicrobial Agents and Chemotherapy. 2016 [epub]

Antimicrobia	al Agents and Chemotherapy. 2016 [epub].	
DOI	http://dx.doi.org/10.1128/aac.00825-16	
Notes	<ul> <li>This review and meta-analysis examined 26 studies to examine the question of whether antimicrobial stewardship programs. The results suggest that hospital antimicrobial stewardship programs may reduce the use of these agents by almost 20%, and in the ICU setting as much as 40%. The results also found: <ul> <li>the use of broad-spectrum antibiotics, the overall antimicrobial cost and the hospital length of stay decreased</li> <li>implementation was associated with decrease of infections due to methicillin-resistant <i>Staphylococcus aureus</i>, imipenem-resistant <i>Pseudomonas aeruginosa</i> and extensive-spectrum beta-lactamase <i>Klebsiella</i> spp.</li> <li>these improvements were not associated with adverse outcomes, as all-cause, infection-related 30-day mortality and infection rates were not significantly different after implementation.</li> </ul> </li> <li>As the authors concluded "Hospital ASPs [Antimicrobial Stewardship Programs] result in significant decrease in antimicrobial consumption and cost, and the benefit is higher in the critical care setting. Infections due to specific antimicrobial-resistant pathogens and the overall hospital length of stay are improved as well."</li> </ul>	

The 2015 Garrod Lecture: Why is improvement difficult?

Davey P

Journal of Antimicrobial Chemotherapy. 2015;70(11):2931-44.

DOI	http://dx.doi.org/10.1093/jac/dkv214
DOI	The text of Peter Davey's 2015 Garrod Lecture. The Garrod Lecture is deliver by the recipient of the British Society for Antimicrobial Chemotherapy's Garrod Medal. The Medal is awarded to individuals who are an international authority in the field of antimicrobial chemotherapy. In 2015 Peter Davey spoke on the "urgent need to improve the design and reporting of interventions to change behaviour." He noted that "achieving sustained improvement at scale will also require a more profound understanding of the role of context. What makes contexts receptive to change and which elements of context, under what circumstances, are important for human performance? Answering these questions will require interdisciplinary work with social scientists to integrate complementary approaches from human factors and ergonomics, improvement science and educational research. We need to rethink professional education to embrace complexity and enable teams to learn in practice.
	career professionals to become change agents and transform training from a burden
	on clinical teams into a driver for improvement. This will make better use of existing
	resources, which is the key to sustainability at scale."

## Books

## *Global Guidelines for the Prevention of Surgical Site Infection* World Health Organization

Geneva: World Health Organization; 2016. 186 p.

URL	http://www.who.int/gpsc/ssi-prevention-guidelines/en/
TRIM	D16-39722
Notes	The World Health Organization (WHO) has released this set of guidelines to reduce the global burden of surgical site infections (SSIs) which occur when bacteria enters a patient's body through incisions made during surgery. According to the WHO, there have been no international evidence-based guidelines prior to this publication and there are inconsistencies in the interpretation of evidence and recommendations in existing national guidelines. These new WHO guidelines are valid for any country and suitable to local adaptations, and take account of the strength of available scientific evidence, the cost and resource implications, and patient values and preferences. The document includes 29 recommendations covering 23 topics for the prevention of
	SSI in the pre-, intra and postoperative periods.

## Reports

## Responding to the needs of patients with multimorbidity: a vision for general practice Baker M, Jeffers H

London: Royal College of General Practitioners; 2016. p. 20.

URL	http://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/RCGP-Responding-to- needs-of-Multimorbitiy-2016.ashx?la=en
Notes	The prevalence and significance of multimorbidity – where patients have multiple conditions (usually chronic) – is gaining greater recognition. For example, the UK's National Institute for Health and Care Excellence issued a Guideline on Multimorbidity: clinical assessment and management in September (available from https://www.nice.org.uk/guidance/ng56). Now the UK's Royal College of General Practitioners has issued this document that starts by reviewing how effectively the current health system serves patients living with multiple long-term conditions before examining some innovative ways of working and the impact they have had on the quality of care received by patients with multiple long-term conditions, such as longer consultation times for those who need them, collaborative care and support planning and the role of multidisciplinary teams in caring for patients with complex needs. The report also recommends improving communication between primary and secondary care professionals, increasing exposure of delivering care to patients with multimorbidities in GP training, and the development of improved decision making tools.

From knowledge to action: A framework for building quality and safety capability in the New Zealand health system Health Quality & Safety Commission Wellington: Health Quality & Safety Commission; 2016. p. 48.

Venington: Health Quality & ballety Commission, 2010. p. 10.	
URL	http://www.hqsc.govt.nz/our-programmes/other-topics/publications-and- resources/publication/2669/
Notes	The Nez Zealand Health Quality & Safety Commission has released this high-level framework to guide the development of quality and safety capability across all levels in the New Zealand health and disability sector, including consumers/patients. The framework has the following dimensions:

Domain	Capability in
1. Partnerships with	Empowering consumers/patients and their
consumers/patients and	families/whānau to interact with health care
their families/whanau	providers to achieve their desired outcomes.
2. Quality and safety culture	Contributing to and modelling a culture where
	quality and safety are top priorities, and
	communicating in a way that shows mutual
	trust and respect.
3. Leadership for	Doing what is right and setting an example for
improvement and change	others to follow.
	Knowing and using the principles of change
	management to support the implementation
	and sustainability of quality and safety
	improvements.
	Those in leadership roles are also responsible
	for setting the direction for improving quality
	and safety consistent with organisational and
	national goals.
4. Systems thinking	Appreciating the health and disability system as
	a dynamic, adaptive collection of interrelated
	and interdependent components, including
	people and processes, with a common purpose
	or aim.
	Emphasising the whole with an awareness of
	the parts and their relationships to each other.
5. Teamwork and	Working with others across professional,
communication	organisational and cultural boundaries to
	achieve shared quality and safety goals.
6. Improvement and	Using evidence and data to drive improvement
innovation	and innovation.
7. Quality improvement and	Using appropriate tools, methods and
patient safety knowledge	techniques to improve the quality and safety of
and skills	care.
Consumers/ patients Prevents P	
experts	EDITION 1

## Journal articles

Beyond patient-centered care: Enhancing the patient experience in mental health services through patient-perspective care Carey TA

Patient Experience Journal. 2016;3(2):46-9.

TIDI	
URL	http://pxjournal.org/journal/vol3/iss2/8
	This piece problematizes slightly the concept of patient-centred care, particularly from
	the perspective of mental health and postulates a more empowered 'patient-
	perspective care'. Carey poses the question as to how to reconcile differences between
	the patient and clinician's values and preferences and suggests that the most common
	approach "is to attempt to persuade patients to alter their views until they are more
	consistent with the views of the clinician."
Notes	Carey suggests that "A patient-perspective service would be one in which clinicians
	and managers understood that help is defined by the receiver not the provider of the
	help. It would also be a service where the full implications of an individuals' right to
	self-determination were acknowledged, accepted, and promoted. The patient
	experience is prioritized in a patient-perspective framework with an understanding that
	no-one else can ever fully appreciate another's experience so helpers must be led by
	the helpees to ensure the acceptability of service provision."

## Tolerating Uncertainty — The Next Medical Revolution?

Simpkin AL, Schwartzstein RM

New England Journal of Medicine. 2016;375(18):1713-5.

0	a journar of Medicine. 2010,575(10).1715 5.	
DOI	http://dx.doi.org/10.1056/NEJMp1606402	
Notes	The authors argue that there is a culture of unwillingness in medicine to acknowledge and embrace uncertainty. Difficulties in accepting uncertainty can be driven by the fear of being perceived as ignorant by patients and colleagues or the obsession with finding the right answer, which can come at the cost of clinical reasoning and can expose patients to the risk of harm from unnecessary tests and treatments. They claim that 'A shift toward the acknowledgement and acceptance of uncertainty is essential for physicians, patients and for the health system as a whole'. Through teaching clinicians how to communicate scientific uncertainty, uncertainty can be reframed as a 'surmountable challenge rather than a threat', enabling patients to truly share decision making. The Commission has developed an online module for general practitioners addressing the statistical and communication principles required for the effective communication with patients about benefits, harms and uncertainties. RACGP members can access the module at <u>www.racgp.org.au/</u>	

For information on the Commission's work on shared decision making, see <a href="http://www.safetyandquality.gov.au/our-work/shared-decision-making/">http://www.safetyandquality.gov.au/our-work/shared-decision-making/</a>

Aiming for the truth: understanding the difference between validity and precision Attia JR, Jones MP, Suthers B.

Medical Journal of Australia. 2016;205(9):392-394.

DOI	http://dx.doi.org/10.5694/mja16.00489
Notes	This new MJA series warns of the perils of relying on the abstracts of journal articles without understanding the limitations of the research methods and statistics used. The new MJA series is in the vein of the formative JAMA series on evidence-based medicine - <i>Users' guide to the medical literature</i> , and is written with a practical and clinician-friendly focus. The first article covers validity and precision.

Pioneering digital disruption: Australia's first integrated digital tertiary hospital Sullivan C, Staib A, Ayre S, Daly M, Collins R, Draheim M, et al Medical Journal of Australia. 2016;205(9):386-9.

<u> </u>	Techear Journar of Mustrana. 2010,205(7).500 7.		
DOI	http://dx.doi.org/10.5694/mja16.00476		
Notes	This article describes the digital transformation of a single Australian hospital to comprehensive electronic medical records (EMRs), and is valuable reading for any health service contemplating or implementing EMRs. It describes the importance of a clinician-led process and how this was achieved, as well as the range of safety concerns and precautions used. The significance of the safety risks was clearly not underestimated, with the authors stating that "There were numerous anecdotes suggesting that we could expect a spike in mortality associated with a large EMR roll-out". Fortunately it seemed that increased mortality was avoided, in the data available at the time of publication.		

After-hours medical deputising services: patterns of use by older people Joe A, Lowthian JA, Shearer M, Turner LR, Brijnath B, Pearce C, et al

Medical J	ournal of Australia.	2016;205(6	):397-402.

DOI	http://dx.doi.org/10.5694/mja16.00218
Notes	This study is part of a broader research project investigating the growing use of emergency department services by the elderly. The findings suggest the need for appropriate after hours medical services for people living in residential aged care facilities (RACFs), much of which is non-urgent, but without alternative primary care services, may result in unnecessary ED visits. Focusing on data from a single after- hours medical deputising service (locum GPs) in Victoria, it found that 81% of bookings for older patients were for people living in RACFs. From 2008 to 2012, bookings for people aged 70 years and over increased overall, by 21% for those living in the community and by 39% for those in RACFs. Only 3% resulted in an urgent hospital transfer, and a small number of referrals were from Ambulance Victoria to the deputising service.

## Patient Experience Journal

Volume 3, I	ssue 2	
TIDI	1	11

URL	http://pxjournal.org/journal/vol3/iss2/
	A new issue of the <i>Patient Experience Journal</i> has been published. Articles in this issue of the <i>Patient Experience Journal</i> include:
	• The experience era is upon us (Jason A. Wolf)
Notes	• 'First, do no harm': shifting the paradigm towards a <b>culture of health</b> (Karen Luxford)
	• Why human resources policies and practices are critical to improving the patient experience (Shari Berman)
	• Uninsured free clinic patients' experiences and perceptions of healthcare services, community resources, and the Patient Protection and Affordable Care Act (Akiko Kamimura, Jeanie Ashby, Ha Trinh, Liana Prudencio, Anthony Mills, Jennifer Tabler, Maziar Nourian, Fattima Ahmed, and J Reel)
	<ul> <li>Why do they do that?: Looking beyond typical reasons for non-urgent ED use among Medicaid patients (Cynthia J Sieck, Jennifer L Hefner, Randy Wexler, Chris A Taylor, and Ann S McAlearney)</li> </ul>
	• Patient organizations and primary care development: reflections by patients with chronic diseases (Britta E Berglund and Irene Westerlund)
	• Young adult perspectives on the selection of pharmaceuticals for mental
	health treatment (A N Talboy, A M Aylward, D Lende, and R P Guttmann)

•	Beyond patient-centered care: Enhancing the <b>patient experience in mental health</b> services through patient-perspective care (Timothy A. Carey)
•	Patient and health professions student team perceptions of <b>patient</b> -
	centeredness in an inter-professional education home-visit program: An
	exploratory study (Kayla Bastian, Christian Banez, Miranda Ketcherside,
	MacKenzie Maher, Elijah Puett, Darson L. Rhodes, and Carol Cox)
•	The evaluation of an information booklet in the use of effective patient
	communication in the setting of thoracic anesthesia (Camille Guillot and
	Gerry Keenan)
•	Improving the patient experience through a commit to sit <b>service excellence</b> <b>initiative</b> (Cari D. Lidgett)
•	Creating a common trajectory: Shared decision making and distributed
	cognition in medical consultations (Katherine D. Lippa and Valerie L. Shalin)
•	Showcasing patient experience and engagement best practices through an
	innovative forum celebrating patients, families, and multidisciplinary care
	teams (Alison S. Tothy MD, Sunitha K. Sastry, Andres Valencia, Mary Kate
	Springman, and Susan Murphy)
•	Using patient value statements to develop a culture of patient-centred
	care: a case study of an Ontario, Canada hospital (Erica Bridge, Madelyn P.
	Law, and Miya Narushima)
•	Patient Advisors: How to implement a process for involvement at all levels
	of governance in a healthcare organization (Marie-Pascale Pomey, Edith
	Morin, Catherine Neault, Veronique Biron, Lise Houle, Louise Lavigueur, Guy
	Bouvette, Nicole St-Pierre, and Martin Beaumont)
•	Envisioning mechanisms for success: Evaluation of <b>EBCD</b> at CHEO
	(Kristina Rohde, Mireille Brosseau, Diane Gagnon, Jennifer Schellinck, and
	Christine Kouri)
•	"What Matters to You?": A pilot project for implementing patient-centered
	care (Anthony M. DiGIoia MD, III; Sarah B Clayton; and Michelle B
	Giarrusso)

*Journal for Healthcare Quality* November/December 2016 - Volume 38 - Issue 6

URL	http://journals.lww.com/jhqonline/toc/2016/11000	
	A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:	
Notes	<ul> <li>Improving Care Transitions Across Healthcare Settings Through a Human Factors Approach (Werner, Nicole E.; Gurses, Ayse P.; Leff, Bruce; Arbaje, Alicia I.)</li> <li>Complication Rates for Fluoroscopic Guided Interlaminar Lumbar Epidural Steroid Injections Performed by Certified Registered Nurse Anesthetists in Diverse Practice Settings (Beissel, Donald E.)</li> <li>Measuring Chemotherapy Appointment Duration and Variation Using Real-Time Location Systems (Barysauskas, Constance M.; Hudgins, Gina; Gill, Katie Kupferberg; Camuso, Kristen M.; Bagley, Janet; Rozanski, Sheila; Kadish, Sarah)</li> <li>Clinical Study of an Online Tool for Standardizing Hospital Care (Burgess, Mary J.; Enzler, Mark J.; Kashiwagi, Deanne T.; Selby, Andi J.; Sohail, M. Rizwan; Daniels, Paul R.; Lahr, Brian D.; Lloyd, Farrell; Baddour, Larry D.)</li> </ul>	

•	Utilizing Electronic Health Record Information to Optimize <b>Medication</b> <b>Infusion Devices</b> : A Manual Data Integration Approach (Chuk, Amanda;
	Maloney, Robert; Gawron, Joyce; Skinner, Colin)
•	The Use of Claims-Based Data in Inpatient Public Reporting and Pay-for-
	<b>Performance Programs</b> : Is There Opportunity for Improvement? (Crews, Hazel R.; Chamness, Amy R.; Terry, Colin L.; Helft, Paul R.)
•	Investigating a Multistakeholder Alliance Approach to <b>Reducing Hospital</b> <b>Readmissions</b> (Duckett, Philethea; Kang, Raymond; Hamil, Jaime; Harvey, Jillian; Goodman, David C.; McHugh, Megan)
•	Sick of Health Care Politics? Comparing Views of Quality of Care Between
	Democrats and Republicans (Scott, Kirstin W.; Blendon, Robert J.; Benson,
	John M.)
•	Facilitating Nurses' Engagement in Hospital Quality Improvement: The
	New Jersey Hospital Association's Implementation of Transforming Care at
	the Bedside (Pearson, Marjorie L.; Needleman, Jack; Beckman, Robin; Han, Bing)
•	Reducing Depressive Symptoms in Nursing Home Residents: Evaluation
	of the Pennsylvania Depression Collaborative Quality Improvement Program
	(Crespy, Scott D.; Van Haitsma, Kimberly; Kleban, Morton; Hann, Carolyn J.)
•	Blood Glucose Control in Noncritically Ill Patients Is Associated With a
	Decreased Length of Stay, Readmission Rate, and Hospital Mortality
	(Ables, Adrienne Z.; Bouknight, Patricia J.; Bendyk, Heather; Beagle, Rebecca;
	Alsip, Rebecca; Williams, Jill)

Health Affairs 1 November 2016; Vol. 35, No. 11

1 November	2016; Vol. 35, No. 11
URL	http://content.healthaffairs.org/content/35/11.toc
	A new issue of <i>Health Affairs</i> has been published. This issue has the theme 'Culture of Health'. Articles in this issue of <i>Health Affairs</i> include:
	Defining And Measuring A Culture Of Health (Alan R Weil)
	Building A Culture Of Health (Alan R Weil)
	Drivers Of Health As A Shared Value: Mindset, Expectations, Sense Of
	Community, And Civic Engagement (Anita Chandra, Carolyn E Miller, Joie D
	Acosta, Sarah Weilant, Matthew Trujillo, and Alonzo Plough)
	Cross-Sector Collaborations And Partnerships: Essential Ingredients To
	Help Shape Health And Well-Being (Vivian L Towe, Laura Leviton, Anita
	Chandra, Jennifer C Sloan, Margaret Tait, and Tracy Orleans)
	Creating Healthier, More Equitable Communities By Improving
Notes	Governance And Policy (Tamara Dubowitz, Tracy Orleans, Christopher
	Nelson, Linnea Warren May, Jennifer C Sloan, and Anita Chandra)
	Strengthening Integration Of Health Services And Systems (Laurie T
	Martin, Alonzo Plough, Katherine G Carman, Laura Leviton, Olena Bogdan, and Carolyn E Miller)
	• Promoting Health Equity And Population Health: How Americans' Views
	Differ (Larry Bye, Alyssa Ghirardelli, and Angela Fontes)
	How Other Countries Use <b>Deprivation Indices</b> —And Why The United
	States Desperately Needs One (Robert L Phillips, Winston Liaw, P Crampton,
	D J. Exeter, A Bazemore, K D Vickery, S Petterson, and M Carrozza)
	A Culture Of Health And Human Rights (Wendy K Mariner and George J
	Annas)

•	Preventable Death Rates Fell Where Communities Expanded Population
	Health Activities Through Multisector Networks (Glen P Mays, Cezar B
	Mamaril, and Lava R Timsina)
•	Insights Into Collaborative Networks Of Nonprofit, Private, And Public
	Organizations That Address Complex Health Issues (Rachel A Hogg and
	Danielle Varda)
•	CommunityRx: A Population Health Improvement Innovation That
	Connects Clinics To Communities (Stacy T Lindau, Jennifer Makelarski, Emily
	Abramsohn, David G Beiser, Veronica Escamilla, Jessica Jerome, Daniel
	Johnson, Abel N Kho, Karen K Lee, Timothy Long, and Doriane C Miller)
•	Beyond Books: <b>Public Libraries</b> As Partners For <b>Population Health</b> (Anna
	U Morgan, Roxanne Dupuis, Bernadette D'Alonzo, Andria Johnson, Amy Graves, Kiahana L Brooks, Autumn McClintock, Heather Klusaritz, Hillary
	Bogner, Judith A Long, David Grande, and Carolyn C Cannuscio)
•	Government Spending In Health And Nonhealth Sectors Associated With
	Improvement In <b>County Health Rankings</b> (J Mac McCullough and
	Jonathon P Leider)
•	Incorporating Economic Policy Into A 'Health-In-All-Policies' Agenda
	(Elizabeth Rigby and Megan E Hatch)
•	Pay For Success And Population Health: Early Results From Eleven
	Projects Reveal Challenges And Promise (Paula M Lantz, Sara Rosenbaum,
	Leighton Ku, and Samantha Iovan)
•	Using Green Building As A Model For Making <b>Health Promotion</b> Standard
	In The Built Environment (Matthew J Trowbridge, Kelly Worden, and Christopher Pyke)
•	The Risks Of Using Workplace Wellness Programs To Foster A Culture Of
	Health (Kristin M Madison)
•	Population Well-Being Measures Help Explain Geographic Disparities In
	Life Expectancy At The County Level (Anita Arora, Erica Spatz, Jeph
	Herrin, Carley Riley, Brita Roy, Kenneth Kell, Carter Coberley, Elizabeth Rula,
	and Harlan M Krumholz)
•	Cohesive Neighborhoods Where Social Expectations Are Shared May Have
	Positive Impact On Adolescent Mental Health (Louis Donnelly, Sara
	McLanahan, Jeanne Brooks-Gunn, Irwin Garfinkel, Brandon G Wagner, Wade
•	C Jacobsen, Sarah Gold, and Lauren Gaydosh) Housing Affordability And <b>Children's Cognitive Achievement</b> (Sandra
	Newman and C Scott Holupka)
•	Housing, Transportation, And Food: How ACOs Seek To Improve
	Population Health By Addressing Nonmedical Needs Of Patients (Taressa
	Fraze, Valerie A Lewis, Hector P Rodriguez, and Elliott S Fisher)
•	Integrating Social And Medical Data To Improve Population Health:
	Opportunities And Barriers (Laura Gottlieb, Rachel Tobey, Jeremy Cantor,
	Danielle Hessler, and Nancy E Adler)
•	Modeling The Economic Burden Of Adult Vaccine-Preventable Diseases
	In The United States (Sachiko Ozawa, Allison Portnoy, Hiwote Getaneh,
	Samantha Clark, Maria Knoll, David Bishai, H K Yang, and P D Patwardhan)
•	Intoxicated, Homeless, And In Need Of A Place To Land (Otis Warren)

## **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 Guideline NG18 *Diabetes* (type 1 and type 2) in children and young people: diagnosis and management <u>https://www.nice.org.uk/guidance/ng18</u>
- NICE Clinical Guideline CG127 *Hypertension* in adults: diagnosis and management https://www.nice.org.uk/guidance/cg127

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