



## On the Radar

Issue 302

5 December 2016

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### On the Radar

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### Reports

*Whole System Measures 2.0: A Compass for Health System Leaders*

Martin L, Nelson E, Rakover J, Chase A

Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. p.34.

URL	<a href="http://www.ihl.org/resources/Pages/IHIWhitePapers/Whole-System-Measures-Compass-for-Health-System-Leaders.aspx">http://www.ihl.org/resources/Pages/IHIWhitePapers/Whole-System-Measures-Compass-for-Health-System-Leaders.aspx</a>
Notes	The (US) Institute for Healthcare Improvement has developed <i>Whole System Measures 2.0</i> (WSM 2.0) to provide specific guidance to health care system leaders and boards on how to measure current overall system performance and use this data to inform organizational strategy. WSM 2.0 is a set of 15 measures that should help leaders better understand their organisation's current (and desired) state across three domains (the Triple Aim): population health, experience of care, and per capita cost. This small measure set is intended to create opportunities for health care system leaders, managers, clinicians, and staff to drill down further to understand specific performance challenges or successes, and to identify strategic opportunities for improvement.

*Building a Culture of Improvement at East London NHS Foundation Trust*

Institute for Healthcare Improvement

Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. p. 12.

URL	<a href="http://www.ihl.org/resources/Pages/Publications/Building-Culture-of-Improvement-East-London-NHS.aspx">http://www.ihl.org/resources/Pages/Publications/Building-Culture-of-Improvement-East-London-NHS.aspx</a>
Notes	<p>Brief report from the (US) Institute for Healthcare Improvement describing how a UK health ‘system’ (the East London NHS Foundation Trust (ELFT)) has been able to reduce incidents of inpatient violence, medication errors, waiting times for treatment in the community, and improved staff satisfaction and engagement, among other improvements.</p> <p>The ELFT provides mental health and community services to a diverse and largely low-income population. Approximately 65,000 individuals come into contact with ELFT’s services each year at more than 100 community and inpatient sites.</p> <p>According to the report, ELFT leaders and staff made a concerted effort to entrench a culture of continuous improvement in the organization, and they integrated quality improvement methodology and training into every level of work.</p>

## Journal articles

*A global call from five countries to collaborate in antibiotic stewardship: united we succeed, divided we might fail*

Goff DA, Kullar R, Goldstein EJC, Gilchrist M, Nathwani D, Cheng AC, et al.

The Lancet Infectious Diseases. 2016.

DOI	<a href="http://dx.doi.org/10.1016/S1473-3099(16)30386-3">http://dx.doi.org/10.1016/S1473-3099(16)30386-3</a>
Notes	<p>Antimicrobial resistance is now widely recognised as a significant – and global issue. The authors of this piece provide examples of international collaborations to address optimal prescribing, focusing on five countries that have developed different approaches to antibiotic stewardship—the USA, South Africa, Colombia, Australia, and the UK. Although each country’s approach has differed, the various efforts can all positively affect local and national antimicrobial stewardship programmes. Factors identified include (government) advocacy, national guidelines, collaborative research, online training programmes, mentoring programmes, and social media.</p> <p>The authors recommend that stewardship models need “to evolve from infection specialist-based teams to develop and use cadres of health-care professionals, including pharmacists, nurses, and community health workers, to meet the needs of the global population” and that “all health-care providers who prescribe antibiotics take ownership and understand the societal burden of suboptimal antibiotic use, providing examples of how countries can learn, act globally, and share best antibiotic stewardship practices.”</p>

For information about the Commission’s work on healthcare associated infection, including antimicrobial stewardship, see [www.safetyandquality.gov.au/our-work/healthcare-associated-infection/](http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/)

*Implementation of the World Health Organization Trauma Care Checklist Program in 11 Centers Across Multiple Economic Strata: Effect on Care Process Measures*

Lashoher A, Schneider EB, Juillard C, Stevens K, Colantuoni E, Berry WR, et al

World Journal of Surgery 2016 [epub].

DOI	<a href="http://dx.doi.org/10.1007/s00268-016-3759-8">http://dx.doi.org/10.1007/s00268-016-3759-8</a>
Notes	This examination of the impact of the World Health Organization (WHO) Trauma Care Checklist program was conducted using a stepped wedge pre- and post-intervention comparison with randomly assigned intervention start dates in 11 hospitals across nine countries with diverse economic and geographic contexts. The authors report that improvement was found for 18 of 19 process measures and while they report no difference in mortality for the overall study population, they found a 50% reduction in mortality for patients with more severe trauma injuries after implementation of the program.

*Development and Preliminary Testing of the Coordination Process Error Reporting Tool (CPERT), a Prospective Clinical Surveillance Mechanism for Teamwork Errors in the Pediatric Cardiac ICU*

Bates KE, Shea JA, Bird GL, Field C, Nandi D, Shaddy RE, et al

Joint Commission Journal on Quality and Patient Safety. 2016;42(12):562-71.

URL	<a href="http://www.ingentaconnect.com/content/jcaho/jcqs/2016/00000042/00000012/art00006">http://www.ingentaconnect.com/content/jcaho/jcqs/2016/00000042/00000012/art00006</a>
Notes	Paper describing the development a tool for identifying teamwork, particularly coordination, errors, in this instance in the setting of the paediatric cardiac intensive care unit. The new tool, the Coordination Process Error Reporting Tool (CPERT), is intended to provide a prospective clinical surveillance mechanism for teamwork errors in this setting. For the initial experiences the authors suggest that their tool detected coordination process errors that were not identified through the existing Patient Safety Reporting System and that consequently it could serve as an adjunct to other mechanisms.

*Australian Health Review*

Volume 40 Number 6 2016

URL	<a href="http://www.publish.csiro.au/ah/issue/8196">http://www.publish.csiro.au/ah/issue/8196</a>
Notes	A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include: <ul style="list-style-type: none"> <li>• Consumers' and their supporters' perspectives on barriers and strategies to reducing <b>seclusion and restraint</b> in mental health settings (Lisa M Brophy, Catherine E Roper, Bridget E Hamilton, Juan José Tellez and B M McSherry)</li> <li>• Evaluation of patient quality of life and satisfaction with <b>home enteral feeding and oral nutrition</b> support services: a cross-sectional study (Sahrish Sonia Faruquie, Elizabeth Kumiko Parker and Peter Talbot)</li> <li>• Health-related quality of life in people with <b>Parkinson's disease</b> receiving comprehensive care (Sze-Ee Soh, Meg E Morris, Jennifer J Watts, Jennifer L McGinley and Robert Iansek )</li> <li>• <b>Medical record keeping and system performance in orthopaedic trauma</b> patients (Filip Cosic, Lara Kimmel and Elton Edwards )</li> <li>• <b>Discharge</b> from the acute hospital: <b>trauma patients'</b> perceptions of care (Lara A Kimmel, Anne E Holland, Melissa J Hart, Elton R Edwards, Richard S Page, Raphael Hau, Andrew Bucknill and Belinda J Gabbe)</li> <li>• Champions' perspectives on implementing the <b>National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy</b> in Queensland (Ruth McPhail and Liz Fulop)</li> </ul>

	<ul style="list-style-type: none"> <li>• Evaluation of a National Broadband Network-enabled <b>Telehealth</b> trial for older people with <b>chronic disease</b> (Susan Nancarrow, Annie Banbury and Jennene Buckley)</li> <li>• <b>Lung cancer interval times</b> from point of referral to the acute health sector to the start of first treatment (Geraldine Largey, Eli Ristevski, Helen Chambers, Heather Davis and Peter Briggs)</li> <li>• How do <b>rural placements</b> affect urban-based Australian <b>junior doctors'</b> perceptions of working in a rural area? (Wendy Brodribb, Maria Zadoroznyj and Bill Martin)</li> <li>• <b>General practice trainees</b> face practice ownership with fear (Elizabeth Sturgiss, Emily Haesler and Katrina Anderson)</li> <li>• Survey of <b>research activity</b> among <b>multidisciplinary health professionals</b> (Andrea P Marshall, Shelley Roberts, Mark J Baker, Gerben Keijzers, Jessica Young, N J Chris Stapelberg and Julia Crilly)</li> <li>• <b>National registration</b> scheme at 5 years: not what it promised (Kerry J Breen)</li> <li>• Improving the management and care of <b>refugees in Australian hospitals</b>: a descriptive study (Lindsey Ross, Catherine Harding, Alexa Seal and Geraldine Duncan)</li> <li>• <b>Planning for subacute care</b>: predicting demand using acute activity data (Janette P Green, Jennifer P McNamee, Conrad Kobel, Md Habibur R Seraji and Suanne J Lawrence)</li> <li>• <b>Paediatric emergency department referrals</b> from primary care (Erin Turbitt and Gary Lee Freed)</li> <li>• Exploring <b>Aboriginal patients' experiences of cardiac care</b> at a major metropolitan hospital in Melbourne (Linda Worrall-Carter, Karen Daws, Muhammad Aziz Rahman, Sarah MacLean, Kevin Rowley, Shawana Andrews, Andrew MacIsaac, Phyllis M Lau, S McEvedy, J Willis and K Arabena)</li> <li>• Does <b>evidence influence policy?</b> Resource allocation and the <b>Indigenous Burden of Disease</b> study (Christopher M Doran, Rod Ling, Andrew Searles and Peter Hill)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="http://qualitysafety.bmj.com/content/early/recent">http://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• What have we learnt after 15 years of research into the '<b>weekend effect</b>'? (Benjamin D Bray, Adam Steventon)</li> <li>• Beyond hand hygiene: a qualitative study of the everyday work of preventing <b>cross-contamination on hospital wards</b> (Su-yin Hor, Claire Hooker, Rick Iedema, Mary Wyer, Gwendolyn L Gilbert, Christine Jorm, Matthew Vincent Neil O'Sullivan)</li> </ul>

## 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 Quality Standard QS16 **Hip fracture** in adults <https://www.nice.org.uk/guidance/qs16>
- NICE Quality Standard QS136 **Transition between inpatient hospital settings and community or care home** settings for adults with social care needs <https://www.nice.org.uk/guidance/qs136>
- NICE Guideline NG58 **Coexisting severe mental illness and substance misuse: community health and social care services** <https://www.nice.org.uk/guidance/ng58>
- NICE Guideline NG59 **Low back pain and sciatica** in over 16s: assessment and management <https://www.nice.org.uk/guidance/ng59>
- NICE Guideline NG60 **HIV testing: increasing uptake among people who may have undiagnosed HIV** <https://www.nice.org.uk/guidance/ng60>
- NICE Clinical Guideline CG95 **Chest pain** of recent onset: assessment and diagnosis <https://www.nice.org.uk/guidance/cg95>
- NICE Clinical Guideline CG145 **Spasticity** in under 19s: management <https://www.nice.org.uk/guidance/cg145>

[UK] National Institute for Health Research

<https://discover.dc.nihr.ac.uk/portal/home>

The UK's National Institute for Health Research (NIHR) Dissemination Centre has released the latest 'Signals' research summaries. This latest release includes:

- Fluoride-based treatments alone are not enough to stop **tooth decay** in young children
- Regular use of fluoride mouthrinse is an option to reduce **tooth decay** in school children
- Intermittent inhaled steroids reduce **asthma attacks** in wheezing preschool children
- **Aortic valve implantation** without open surgery has short term benefits
- How nurses support families of **intensive care patients** towards the **end of life**
- Some treatments for **abnormal cervical cells** increase risk of **preterm birth**
- **Exercise therapy** may still improve balance when started a long time after a **stroke**
- Uncertainty over the use of stents after telescopic surgery for **kidney stones**
- **Inducing labour** mechanically can be as effective as the recommended drugs and may have fewer side effects
- Long lasting **ulcers below the knee** are more common than previously thought

[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:

- Evidence on Behavioral Programs for Type 1 & 2 Diabetes

For clinicians:

*Behavioral Programs for **Type 1 Diabetes Mellitus**: Current State of the Evidence*

<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2345>

*Behavioral Programs for **Type 2 Diabetes Mellitus**: Current State of the Evidence*

<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2347>

For patients:

*Behavioral Programs To Help Manage **Type 1 Diabetes**: A Review of the Research for Children, Teens, and Adults*

<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2346>

*Behavioral Programs To Help Manage **Type 2 Diabetes**: A Review of the Research for Adults*

<https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2348>

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