



On the Radar

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On the Radar

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Journal articles

Carers' Medication Administration Errors in the Domiciliary Setting: A Systematic Review

Parand A, Garfield S, Vincent C, Franklin BD

PLoS ONE. 2016;11(12):e0167204.

DOI	http://dx.doi.org/10.1371/journal.pone.0167204
Notes	Medication errors are a common cause of hospitalisations. While medication errors in various medical settings, particularly hospitals, have been studied there has been little examination of medication errors in the home and the role of caregivers. This paper reports on a systematic narrative review that identified 36 studies. From their review the authors report that “The carer administration error rate ranged from 1.9 to 33% of medications administered and from 12 to 92.7% of carers administering medication.” The errors include dosage errors, omitted administration, wrong medication and wrong time or route of administration. Contributory factors identified included individual carer factors, environmental factors, medication factors, prescription communication factors, psychosocial factors, and care-recipient factors. The authors concluded that “home medication administration errors made by carers are a potentially serious patient safety issue. Carers made similar errors to those made by professionals in other contexts and a wide variety of contributory factors were identified. The home care setting should be a priority for the development of patient safety interventions.”

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

Improved outcomes and reduced costs associated with a health-system-wide patient blood management program: a retrospective observational study in four major adult tertiary-care hospitals

Leahy MF, Hofmann A, Towler S, Trentino KM, Burrows SA, Swain SG, et al. Transfusion. 2017 [epub].

DOI	http://dx.doi.org/10.1111/trf.14006
Notes	<p>Paper reporting on the Western Australian patient blood management (PBM) program. The paper reports on the retrospective study of 605,046 patients admitted to four major adult tertiary-care hospitals in WA between July 2008 and June 2014. The outcome measures examined included red blood cell (RBC), fresh-frozen plasma (FFP), and platelet units transfused; single-unit RBC transfusions; pre-transfusion haemoglobin levels; elective surgery patients anaemic at admission; product and activity-based costs of transfusion; in-hospital mortality; length of stay; 28-day all-cause emergency readmissions; and hospital-acquired complications.</p> <p>When comparing final year with baseline, units of RBCs, FFP, and platelets transfused per admission decreased 41%, representing a saving of AU\$18,507,092 (US\$18,078,258) and between AU\$80 million and AU\$100 million (US\$78 million and US\$97 million) estimated activity-based savings. Mean pre-transfusion haemoglobin levels decreased and anaemic elective surgery admissions decreased 20.8% to 14.4% There were risk-adjusted reductions in hospital mortality, length of stay, hospital-acquired infections, and acute myocardial infarction-stroke while all-cause emergency readmissions increased.</p> <p>These results led the authors to conclude “Implementation of ... PBM program was associated with improved patient outcomes, reduced blood product utilization, and product-related cost savings.”</p>

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

Improving communication with primary care physicians at the time of hospital discharge

Destino LA, Dixit A, Pantaleoni JL, Wood MS, Pageler NM, Kim J, et al

The Joint Commission Journal on Quality and Patient Safety. 2017;43(2):80-8.

DOI / URL	<p>http://dx.doi.org/10.1016/j.jcjq.2016.11.005 http://www.jointcommissionjournal.com/article/S1553-7250(16)30052-6/fulltext</p>
Notes	<p>One of the issues around discharge from hospital is the communication with the patient’s GP or other provider(s) about that hospitalisation. This paper describes the approach taken at a US academic children’s hospital. The quality improvement intervention used Lean methodology, engagement frontline provider s (usually residents), and redesigned workflow processes within the electronic health record to improve communication around discharge. The study reports that they achieved their goal communication with primary care physicians at discharge to 80%, and that this was then sustained for a 7-month period.</p>

Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data

Barker I, Steventon A, Deeny SR
BMJ. 2017;356:j84.

Continuity of primary care matters and should be protected

Tammes P, Salisbury C
BMJ. 2017;356:j373.

DOI	Barker et al. https://doi.org/10.1136/bmj.j84 Tammes and Salisbury https://doi.org/10.1136/bmj.j373
Notes	<p>Continuity of care, particularly in primary care, is widely seen as an important element in high quality care. This is especially so for patients with chronic conditions. This paper and related editorial in the <i>BMJ</i> report on a UK study examining the association between continuity of primary care and hospital admissions for ambulatory care sensitive conditions in older patients using patient level data from primary and secondary care records for over 230 000 patients from 200 general practices. The study’s authors report “Higher continuity of care was associated with fewer admissions for ambulatory care sensitive conditions.” The authors go on to conclude “Strategies that improve the continuity of care in general practice may reduce secondary care costs, particularly for the heaviest users of healthcare. Promoting continuity might also improve the experience of patients and those working in general practice.”</p> <p>The editorial noted that the study focussed on “older patients (aged between 62 and 82 years) because they account for a high proportion of both primary care consultations and emergency hospital admissions. Their findings are therefore highly relevant internationally—because of demographic changes, most developed countries now have an increasingly elderly population with a high prevalence of multimorbidity. This group of patients are more likely to have complex healthcare needs ...”</p>

Health Affairs

February 2017; Volume 36, Issue 2

URL	http://content.healthaffairs.org/content/36/2.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme “The Work/Health Relationship?”. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • The Work/Health Relationship (Alan R. Weil) • DataGraphic: Workforce Health And Productivity • Working With A Chronic Disease (T R Goldman) • Work, Health, And Worker Well-Being: Roles And Opportunities For Employers (Robert K McLellan) • Work, Health, And Insurance: A Shifting Landscape For Employers And Workers Alike (Thomas C Buchmueller and Robert G Valletta) • Tracking The Changing Landscape Of Corporate Wellness Companies (Jean Abraham and Katie M White) • Workplace Programs, Policies, And Environmental Supports To Prevent Cardiovascular Disease (Ron Z Goetzel, Rachel Mosher Henke, Michael A Head, Richele Benevent, and Chris Calitz) • Chronic Conditions, Workplace Safety, And Job Demands Contribute To Absenteeism And Job Performance (Kimberly Jinnett, Natalie Schwatka, Liliana Tenney, Claire v S Brockbank, and Lee S Newman)

	<ul style="list-style-type: none"> • Temporarily Disabled Workers Account For A Disproportionate Share Of Health Care Payments (Brian Gifford) • Health Care Use And Spending Patterns Vary By Wage Level In Employer-Sponsored Plans (Bruce W Sherman, Teresa B Gibson, Wendy D Lynch, and Carol Addy) • Social, Psychological, And Physical Aspects Of The Work Environment Could Contribute To Hypertension Prevalence (David H Rehkopf, Sepideh Modrek, Linda F Cantley, and Mark R Cullen) • Racial And Ethnic Differences In The Frequency Of Workplace Injuries And Prevalence Of Work-Related Disability (Seth A Seabury, Sophie Terp, and Leslie I Boden) • Women With Breast Cancer Who Work For Accommodating Employers More Likely To Retain Jobs After Treatment (Victoria Blinder, Carolyn Eberle, Sujata Patil, Francesca M Gany, and Cathy J Bradley) • Medicaid Waivers Targeting Children With Autism Spectrum Disorder Reduce The Need For Parents To Stop Working (Douglas L Leslie, Khaled Iskandarani, Diana L Velott, Bradley D Stein, David S Mandell, Edeanya Agbese, and Andrew W Dick) • Receiving Unemployment Benefits May Have Positive Effects On The Health Of The Unemployed (Jonathan Cylus and Mauricio Avendano) • The Changing Dynamics Of US Health Insurance And Implications For The Future Of The Affordable Care Act (John A Graves and Sayeh S Nikpay) • Grandfathered, Grandmothered, And ACA-Compliant Health Plans Have Equivalent Premiums (Heidi Whitmore, Jon R Gabel, Jennifer L Satorius, and Matthew Green) • Nudging Leads Consumers In Colorado To Shop But Not Switch ACA Marketplace Plans (Keith M Marzilli Ericson, Jon Kingsdale, Tim Layton, and Adam Sacarny) • Projected Coding Intensity In Medicare Advantage Could Increase Medicare Spending By \$200 Billion Over Ten Years (Richard Kronick) • Longer Periods Of Hospice Service Associated With Lower End-Of-Life Spending In Regions With High Expenditures (Shiyi Wang, Sylvia H Hsu, Siwan Huang, Pamela R Soulos, and Cary P Gross) • Increased Service Use Among Children With Autism Spectrum Disorder Associated With Mental Health Parity Law (Elizabeth A Stuart, Emma E McGinty, Luther Kalb, Haiden A Huskamp, Susan H Busch, Teresa B Gibson, Howard Goldman, and Colleen L Barry) • Little Evidence Exists To Support The Expectation That Providers Would Consolidate To Enter New Payment Models (Hannah T Neprash, Michael E Chernew, and J Michael McWilliams) • Evidence Points To 'Gaming' At Hospitals Subject To National Health Service Cleanliness Inspections (Veronica Toffolutti, Martin McKee, and David Stuckler) • Six-Month Market Exclusivity Extensions To Promote Research Offer Substantial Returns For Many Drug Makers (Aaron S. Kesselheim, Benjamin N. Rome, Ameet Sarpatwari, and Jerry Avorn) • The Personal Toll Of Practicing Medicine (Elaine Schattner)
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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"> • Can patient involvement improve patient safety? A cluster randomised control trial of the Patient Reporting and Action for a Safe Environment (PRASE) intervention (Rebecca Lawton, Jane Kathryn O’Hara, Laura Sheard, Gerry Armitage, Kim Cocks, Hannah Buckley, Belen Corbacho, Caroline Reynolds, Claire Marsh, Sally Moore, Ian Watt, John Wright) • Exploring the roots of unintended safety threats associated with the introduction of hospital ePrescribing systems and candidate avoidance and/or mitigation strategies: a qualitative study (Hajar Mozaffar, Kathrin M Cresswell, Robin Williams, David W Bates, Aziz Sheikh) • A qualitative study of emergency physicians’ perspectives on PROMS in the emergency department (Katie N Dainty, Bianca Seaton, Andreas Laupacis, Michael Schull, Samuel Vaillancourt)

International Journal for *Quality in Health Care* online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	<p>International Journal for <i>Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Professional attitudes toward incident reporting: can we measure and compare improvements in patient safety culture? (Pierfrancesco Tricarico; Luigi Castriotta; Claudio Battistella; Fabrizio Bellomo; Giovanni Cattani ; Lucrezia Grillone; Stefania Degan; Daniela De Corti; Silvio Brusaferrro) • Leveraging the full value and impact of accreditation (Wendy Nicklin; Triona Fortune; Paul van Ostenberg; Elaine O’Connor; Nicola McCauley) • Unplanned readmissions within 30 days after discharge: improving quality through easy prediction (Francesca Casalini; Susanna Salvetti; Silvia Memmini; Elena Lucaccini; Gabriele Massimetti; Pier Luigi Lopalco; Gaetano Pierpaolo Privitera)

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:

- Clinical Guideline CG146 **Osteoporosis**: *assessing the risk of fragility fracture*
<https://www.nice.org.uk/guidance/cg146>
- Quality Standard QS143 **Menopause** <https://www.nice.org.uk/guidance/qs143>

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