# Australian COmmission on Safety and Quality in Health Care logo with Radar imageOn the Radar

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**On the Radar**

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**Reports**

*Better Beginnings: Improving Health for Pregnancy. Themed review*

National Institute for Health Research

London: NHS NIHR; 2017. p. 58.

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| URL | <http://www.dc.nihr.ac.uk/themed-reviews/better-beginnings.htm> |
| Notes | The UK’s National Institute for Health Research have produced this themed review that draws together NIHR research on different aspects of health before, during and after pregnancy, including maintaining a healthy diet and weight, breastfeeding and mental health as well as smoking cessation, alcohol and recreational drug use, and domestic violence.  It features 46 published studies, 28 ongoing studies or interim results along with questions for clinicians, commissioners, public health professionals and others. |

*Ministerial Statement on the Next Generation of Health Reforms*

OECD

Paris: OECD; 2017.

*Recommendations to OECD Ministers of Health from the High Level Reflection Group on the Future of Health Statistics: Strengthening the international comparison of health system performance through patient-reported indicators*

OECD

Paris: OECD; 2017. p. 89.

*Measuring what matters to patients*

Coulter A

BMJ. 2017;356:j816.

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| URL / DOI | Statement: <http://www.oecd.org/health/ministerial/ministerial-statement-2017.pdf>  Recommendations <https://www.oecd.org/els/health-systems/Recommendations-from-high-level-reflection-group-on-the-future-of-health-statistics.pdf>  Coulter <https://doi.org/10.1136/bmj.j816> |
| Notes | Following their recent Ministerial Meeting in January, 35 OECD and partner country health ministers released a joint statement announcing a strong commitment to reorienting health systems towards person-centred care. Their statement examined the practical implications of what such a reorientation. Noting that ‘the shift from a health system that is centred on providers to one that is centred on people’s individual needs and preferences has important implications for how we measure health system performance’, the statement strongly emphasises the importance of expanding the systematic and routine use of patient-reported measurement of health system quality and safety. This commitment is supported by a planned large program of work at the OECD to include international benchmarking of patient-reported experience measures, patient-reported outcome measures, and patient-reported safety indicators. The OECD also recently announced a collaboration with the International Consortium for Health Outcomes Measurement which will provide a vehicle for international publication and benchmarking of patient-reported outcome measures. The announcement is available at <http://www.ichom.org/news/ichom-and-oecd-sign-letter-of-intent-to-collaborate-on-the-collection-analysis-and-publishing-of-patient-reported-outcomes/>  At a Policy Forum associated with the Ministerial Meeting, a policy advice document was published by the OECD’s High Level Reflection Group on the Future of Health Statistics. This document outlined proposals for a ‘new generation of health statistics’ comprising a set of patient-reported indicators to be used consistently internationally (called the PaRIS – Patient-Reported Indicators Survey). The Group notes that ‘cure and survival rates give only a partial picture of health system performance’ and that patient reports of their experiences and outcomes will fill a gap in data about how effective and appropriate health systems and interventions are.  A commentary on the performance measurement implications of the Ministerial Statement is available in the *BMJ*. The commentary states that ‘Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) seem set to become the new currency for comparative performance assessment’ but they may be even more useful at the individual level of the clinical consultation. |

For information on the Commission’s work on PROMS, see <https://www.safetyandquality.gov.au/our-work/information-strategy/indicators/patient-reported-outcome-measures/>

**Journal articles**

Mycobacterium chimaera *and cardiac surgery*

Stewardson AJ, Stuart RL, Cheng AC, Johnson PDR

Medical Journal of Australia. 2017;206(3):132-5.

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| DOI | <http://dx.doi.org/10.5694/mja16.00670> |
| Notes | Contaminated heater-cooler units in the United Kingdom, Europe and the United States are thought to have been the source of approximately 50 cases of invasive infection with *Mycobacterium chimaera*, following cardiac surgery. Though relatively few in number, cases are associated with high mortality. In Australia, the Therapeutic Goods Administration has alerted hospitals of potential risks with heater-cooler devices used in surgery, and the Commission, has provided detailed advice to health services in order to reduce risks of infection (see below). This article describes what has happened internationally and within Australia. While few cases have been found in Australia, the authors caution that complications may present months or years after a bypass procedure, and advise general practitioners and other clinicians to be aware of the possibility of *Mycobacterium chimaera* infection in patients presenting with one or more of sternal wound infection or mediastinitis, prosthetic valve endocarditis, early prosthetic valve failure or systemic inflammatory condition and previous cardiac surgery. (Note: the article describes a single Australian case, however at 30 January 2017, 3 cases in Australia had been confirmed.) |

On 3 February, the Commission released *National Infection Control Guidance on Non-tuberculous Mycobacterium associated with heater-cooler devices*. This guidance is available at <https://www.safetyandquality.gov.au/wp-content/uploads/2016/09/National-Infection-Control-guidance-for-NTM-associated-with-heater-devices-Feb-2017.pdf>

*Stress and burnout in intensive care medicine: an Australian perspective*

Simpson N, Knott CI

Medical Journal of Australia. 2017;206(3):107-8.

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| DOI | <Http://dx.doi.org/10.5694/mja16.00626> |
| Notes | Simpson and Knott warn of an increasing risk of burnout in intensive care medicine, with potential consequences for the quality of patient care. While burnout symptoms are higher in medicine than the general population, ICU doctors and nurses reportedly have higher rates of burnout symptoms relative to other specialties including emotional exhaustion, depersonalisation and reduced professional achievement. This article points to the increasing complexity of the ICU environment, including repeated exposure to “high stakes, ethically challenging decision-making processes”, and calls for a multilevel approach, including professional leadership, to improve the welfare and sustainability of the intensive care medicine workforce. |

*BMJ Quality and Safety*

March 2017, Vol. 26, Issue 3

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| URL | <http://qualitysafety.bmj.com/content/26/3> |
| Notes | A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include:   * Editorial: Exclusions in the **denominators of process-based quality measures**: the missing link in understanding performance or ecological fallacy? (Perla J Marang-van de Mheen, Brahmajee K Nallamothu) * Editorial: **Disciplined doctors**: learning from the pain of the past (Jessica J Liu, Chaim M Bell) * Mobilising a team for the **WHO Surgical Safety Checklist**: a qualitative video study (Terhi Korkiakangas ) * The **denominator problem**: **national hospital quality measures** for acute myocardial infarction (Jeffrey Bruckel, Xiu Liu, Samuel F Hohmann, Andrew S Karson, Elizabeth Mort, David M Shahian) * Variations by state in **physician disciplinary actions** by US medical licensure boards (John Alexander Harris, Elena Byhoff) * **Information transfer in multidisciplinary operating room teams**: a simulation-based observational study (David Cumin, Carmen Skilton, J Weller) * A cross-sectional observational study of **high override rates of drug allergy alerts** in inpatient and outpatient settings, and opportunities for improvement (Sarah Patricia Slight, Patrick E Beeler, Diane L Seger, Mary G Amato, Qoua L Her, Michael Swerdloff, Olivia Dalleur, Karen C Nanji, InSook Cho, Nivethietha Maniam, Tewodros Eguale, J M Fiskio, P C Dykes, D W Bates) * Evaluation of the association between **Hospital Survey on Patient Safety Culture** (HSOPS) measures and **catheter-associated infections**: results of two national collaboratives (Jennifer Meddings, Heidi Reichert, M Todd Greene, Nasia Safdar, Sarah L Krein, Russell N Olmsted, Sam R Watson, Barbara Edson, Mariana Albert Lesher, Sanjay Saint) * The problem with… **Revisiting the panculture** (Valerie M Vaughn, Vineet Chopra) * Improving feedback on **junior doctors’ prescribing errors**: mixed-methods evaluation of a quality improvement project (Matthew Reynolds, Seetal Jheeta, Jonathan Benn, Inderjit Sanghera, Ann Jacklin, Digby Ingle, B D Franklin) * Re-examining **high reliability**: actively **organising for safety** (Kathleen M Sutcliffe, Lori Paine, Peter J Pronovost) * **Learning from incidents** in healthcare: the journey, not the arrival, matters (Ian Leistikow, Sandra Mulder, Jan Vesseur, Paul Robben) |

*Australian Journal of Primary Health*

Volume 23 Number 1 2017

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| URL | <http://www.publish.csiro.au/py/issue/8578> |
| Notes | A new issue of *Australian Journal of Primary Health* has been published. Articles in this issue of *Australian Journal of Primary Health* include:   * **Improving processes** that underpin Australian primary health care (Lauren Ball) * Indicators for continuous quality improvement for **otitis media** in primary health care for Aboriginal and Torres Strait Islander children (Beverly Sibthorpe, Jason Agostino, Harvey Coates, Sharon Weeks, Deborah Lehmann, Marianne Wood, Francis Lannigan and Daniel McAullay) * **Person-centred services**? Rhetoric versus reality (Catherine Joyce) * **Out-of-pocket healthcare expenditure and chronic disease** – do Australians forgo care because of the cost? (Emily J Callander, Lisa Corscadden and Jean-Frederic Levesque) * Factors associated with **duration of inpatient hospital stay** for patients with **diabetes mellitus** admitted to a medical unit in a community public hospital (Melissa H. Lee, Lillianne Liprino, Jeffrey Brooks, Brenda Cayzer, Fiona Weedon, Kate Bermingham, Alicia J. Jenkins, Kevin Rowley and D N O'Neal) * The influence of funding models on **collaboration** in Australian **general practice** (Susan McInnes, Kath Peters, Andrew Bonney and E Halcomb) * Understanding **patient access** patterns for **primary health-care** services for Aboriginal and Islander people in Queensland: a geospatial mapping approach (K S Panaretto, A Dellit, A Hollins, G Wason, C Sidhom, K Chilcott, D Malthouse, S Andrews, J Mein, B Ahkee and R McDermott) * Association between patient age, geographical location, Indigenous status and **hospitalisation for oral and dental conditions** in Queensland, Australia (Liam Caffery, Natalie Bradford, Maria Meurer and Anthony Smith) * Using logic models to enhance the methodological **quality of primary health-care interventions**: guidance from an intervention to promote nutrition care by general practitioners and practice nurses (Lauren Ball, Dianne Ball, Michael Leveritt, Sumantra Ray, Clare Collins, Elizabeth Patterson, Gina Ambrosini, Patricia Lee and Wendy Chaboyer) * **Preconception weight management**: an untapped area of women's health (Skye McPhie, Helen Skouteris, Lynne Millar, Craig Olsson, Karen Campbell, Paige van der Pligt, Jodie Dodd and Briony Hill) * Improving **follow-up** care for women with a history of **gestational diabetes**: perspectives of GPs and patients (Andrew V R Pennington, Sharleen L O'Reilly, Doris Young and James A Dunbar) * The AgED Study. **Age-related eye disease** (AgED) in South Australian general practice: are we blind to early detection and intervention? (Chelsea Guymer, Robert Casson, Cate Howell and Nigel Stocks) * A self-reported survey on the confidence levels and motivation of New South Wales practice nurses on conducting **advance-care planning** (ACP) initiatives in the general-practice setting (Emilia Fan and Joel J Rhee) * Acceptability of **general practice services** for **Afghan refugees** in south-eastern Melbourne (Prashanti Manchikanti, I-Hao Cheng, Jenny Advocat and Grant Russell) * Newly arrived **refugee children** with ***Helicobacter pylori*** are thinner than their non-infected counterparts (Jill Benson, Razlyn Abdul Rahim and Rishi Agrawal) * **Manufactured home villages** in Australia – a melting pot of **chronic disease**? (Karin Robinson, Abhijeet Ghosh and Elizabeth Halcomb) |

*Journal of Health Services Research & Policy*

Volume 22, Issue 2, April 2017

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| URL | <http://journals.sagepub.com/toc/hsrb/22/2> |
| Notes | A new issue of the *Journal of Health Services Research & Policy* has been published. Articles in this issue of *Journal of Health Services Research & Policy* include:   * Editorial: **From cutting costs to eliminating waste**: reframing the challenge (Nick Black) * **Reimbursement changes and drug switching**: are severe patients more affected? (Shou-Hsia Cheng, Chi-Chen Chen, Hung-Chih Kuo, Chi-Chuan Wang) * Are some areas more equal than others? **Socioeconomic inequality in potentially avoidable emergency hospital admissions** within English local authority areas (Jessica Sheringham, Miqdad Asaria, Helen Barratt, Rosalind Raine, Richard Cookson) * The real **cost of training health professionals** in Australia: it costs as much to build a dietician workforce as a dental workforce (Leonie Segal, Claire Marsh, Rob Heyes) * The role of **paediatric nurses** in **medication safety** prior to the implementation of electronic prescribing: a qualitative case study (Albert Farre, Gemma Heath, Karen Shaw, Teresa Jordan, Carole Cummins) * The ‘dark side’ of **knowledge brokering** (Roman Kislov, Paul Wilson, Ruth Boaden) * **Evidence-based policy** as reflexive practice. What can we learn from evidence-based medicine? (Roland Bal) * Impact case studies: **mental health services for depression and anxiety** * The **cost–quality relationship in European hospitals**: a systematic review (Rikke Søgaard, Ulrika Enemark) * Taking data seriously: the value of actor-network theory in rethinking **patient experience data** (Amit Desai, Giulia Zoccatelli, Mary Adams, Davina Allen, Sally Brearley, Anne Marie Rafferty, Glenn Robert, Sara Donetto) |

*Nursing Leadership*

Vol. 29, No. 4, 2016

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| URL | <http://www.longwoods.com/publications/nursing-leadership/24982> |
| Notes | A new issue of *Nursing Leadership* has been published. Articles in this issue of *Nursing Leadership* include:   * When More Is Not Always Better: **Choosing Nursing Interventions Wisely** (Barb Shellian and Wendy Levinson) * **Implementing a Just Culture**: Perceptions of Nurse Managers of Required Knowledge, Skills and Attitudes (Michelle Freeman, Linda A Morrow, Margo Cameron and Karen McCullough) * **Organizational Commitment and Nurses Characteristics** as Predictors of Job Involvement (Kamila Alammar, Mashael Alamrani, Sara Alqahtani and Muayyad Ahmad) |

*BMJ Quality and Safety* online first articles

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| URL | <http://qualitysafety.bmj.com/content/early/recent> |
| Notes | *BMJ Quality and Safety* has published a number of ‘online first’ articles, including:   * Editorial: **Root-cause analysis**: swatting at mosquitoes versus draining the swamp (Patricia Trbovich, Kaveh G Shojania) * Effectiveness of a ‘Do not interrupt’ bundled intervention to reduce **interruptions during medication administration**: a cluster randomised controlled feasibility study (Johanna I Westbrook, Ling Li, Tamara D Hooper, Magda Z Raban, Sandy Middleton, Elin C Lehnbom) |

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

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| URL | <http://intqhc.oxfordjournals.org/content/early/recent?papetoc> |
| Notes | *International Journal for Quality in Health Care* has published a number of ‘online first’ articles, including:   * **Triage quality control** is missing tools—a new observation technique for ED quality improvement (Tomi Malmström; Veli-Pekka Harjola; Paulus Torkki; Salla Kumpulainen; Raija Malmström) * Incidence and potential risk factors for **hospital-acquired pneumonia** in an emergency department of surgery (Marie Stenlund; Rune Sjödahl; RN Pia Yngman-Uhlin) * A before–after study of **multidisciplinary Out-of-Hours handover**: combining management and frontline efforts to create sustainable improvement (Christopher Pennell; Lorna Flynn; Belinda Boulton; Tracey Hughes; Graham Walker; Peter McCulloch) * Measuring **job satisfaction among healthcare staff** in the United States: a confirmatory factor analysis of the Satisfaction of Employees in Health Care (SEHC) survey (Eva Chang; Julia Cohen; Benjamin Koethe; Kevin Smith; Anupa Bir) * Routine **quality care assessment of schizophrenic disorders** using information systems (Antonio Lora; Emiliano Monzani; Bussy Ibrahim; Davide Soranna; Giovanni Corrao) |

**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 CG173 ***Neuropathic pain*** *in adults: pharmacological management in non-specialist settings* <https://www.nice.org.uk/guidance/cg173>
* Clinical Guideline CG190 ***Intrapartum care*** *for healthy women and babies* <https://www.nice.org.uk/guidance/cg190>
* NICE Guideline NG64 ***Drug misuse*** *prevention: targeted interventions* <https://www.nice.org.uk/guidance/ng64>

*[USA] IHI Care Redesign Guide: Better Health and Lower Costs for Patients with Complex Needs*

<http://www.careredesignguide.org/>

The (US) Institute for Healthcare Improvement has produced this resource to offer a structured improvement process for redesigning care for people with complex needs and high healthcare costs. The Redesign Guide is for people and organisation who want to improve health outcomes for individuals with complex health, behavioural, and social needs and with high healthcare costs.

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