



On the Radar

Issue 320
8 May 2017

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On the Radar

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Contributors: Niall Johnson, Alice Bhasale

Books

Process Redesign for Health Care Using Lean Thinking: A Guide for Improving Patient Flow and the Quality and Safety of Care

David I. Ben-Tovim

Productivity Press; 2017. 210 p. ISBN: 9781138630864

URL	https://www.crcpress.com/Process-Redesign-for-Health-Care-Using-Lean-Thinking-A-Guide-for-Improving/Ben-Tovim/p/book/9781138630864
Notes	Written by an experienced Australian-based clinician and academic, this book looks at challenges that are faced by hospitals and health services all over the world, including patient flow, congestion, queues, inefficient utilisation of resources, problems engaging clinical staff in improvement programs, adverse incidents, and budget constraints. The author suggests that lean thinking and value stream analysis gives hospitals and health services struggling with these issues the insights they need to help themselves. This book offers a method that systematically turns those insights into working programs of service and system redesign. The first section of the book gives the background to the approach, and systematically works through the Process Redesign methodology, step-by-step. The second section offers a series of case studies showing the methodology in action, what worked and what didn't work.

How to Implement Evidence-Based Healthcare

Trisha Greenhalgh

Wiley Blackwell; 2017. ISBN: 978-1-119-23852-2

URL	http://au.wiley.com/WileyCDA/WileyTitle/productCd-1119238528.html
Notes	This latest book from the renowned expert on evidence-based care focuses on the challenges of implementing evidence-based healthcare. Greenhalgh explains how to apply evidence-based healthcare to practice in order to ensure safe and effective practice. The book includes frameworks, tools and techniques for implementation and behavioural change.

Reports

Building better foundations for primary care

Duckett S, Swerissen H, Moran G

Grattan Institute. Melbourne: Grattan Institute; 2017. p. 39.

URL	https://grattan.edu.au/report/building-better-foundations/
Notes	<p>The latest report from the Grattan Institute sees primary care as a ‘renovator’s opportunity’ and that by judicious investment in primary care a large proportion of the ‘avoidable’ hospital admissions that apparently cost the system more than \$320 million each year could be prevented while also improving the lives of those patients and their families and carers.</p> <p>The authors recommendations are:</p> <ol style="list-style-type: none">1. Pay for better data – We need more information about what happens in general practice. Without data, there is no sound basis for system reform. Better data will enable realistic targets to be set for improvement in primary care.2. Primary Care Agreements should be made between the Commonwealth, the states and Primary Health Networks – Commonwealth and state bickering and blame-shifting needs to be replaced by new Primary Care Agreements – an overarching deal for each state, supplemented by localised agreements signed by the Commonwealth, the state and the Primary Health Network. These agreements should set specific goals and create joint accountability for failure to meet them.3. Strengthen Primary Health Networks – Primary Health Networks should be given the resources and the explicit responsibility for creating more effective and efficient primary care systems in their local areas and for making improvements that will reduce unnecessary hospital admissions.4. Reform fee-for-service funding over the long term – Over the long term, the fee-for-service payment system for GPs needs to change, so general practices get rewarded for getting the best outcomes for their patients.

Health Care Homes: principles and enablers for their implementation in Australia

Thurecht L, Woolcock K, Partel K, Verhoeven A.

Deeble Institute Issues Brief No 21.

Canberra: Australian Healthcare and Hospitals Association; 2017. p. 35.

URL	https://ahha.asn.au/publication/issue-briefs/deeble-issues-brief-no-21-health-care-homes-principles-and-enablers-their
Notes	The Australian Healthcare and Hospitals Association’s Deeble Institute has released a pair of Issues Briefs. This one looks at the proposed ‘health care home’ model that is intended to improve care for patients with chronic conditions.

	<p>The authors argue that “The Health Care Home model must be patient-centred, flexible and delivered according to local needs and local system capacity. But at its heart, it must be built on shared principles and values, and must acknowledge the need to address both the business model and the care model. Without shared principles, the capacity to achieve substantial system change and acceptance from funders, providers and patients will be compromised.” These ‘shared principles for patient-centred team-based care in Health Care Homes’ are:</p> <ul style="list-style-type: none"> • Principle 1: a holistic view of health and well being • Principle 2: patient and family centred healthcare • Principle 3: continuous and collaborative relationships • Principle 4: a comprehensive team-based approach to healthcare • Principle 5: shared decision making, patient activation and engagement • Principle 6: coordinated care across the care system • Principle 7: accessible, affordable, equitable and appropriate care • Principle 8: high value, evidence-based, safe and quality care • Principle 9: well-supported health care workforce and workplace environment • Principle 10: sustainable funding.
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Clinical governance for Primary Health Networks

Jones A, Killion S

Deeble Institute Issues Brief No 22.

Canberra: Australian Healthcare and Hospitals Association; 2017. p. 15.

URL	https://ahha.asn.au/publication/issue-briefs/deeble-issues-brief-no-22-clinical-governance-primary-health-networks
Notes	<p>The second Issues Brief from the Deeble Institute is also in the primary care arena, focusing on Primary Health Networks and how they might implement or enhance their clinical governance. The authors argue that “Clinical governance supports high quality health outcomes through clinical leadership and accountability to commission primary health services that are both safe and effective. PHNs are leaders for change and while they are responsible for creating a culture of safety and quality there are boundaries to their capacity to control health outcomes. While commissioners are not direct service providers, they have responsibility for clinical governance in articulating safety requirements and monitoring the quality of processes and outcomes.”</p> <p>They also suggest that “Clinical governance principles are a critical element of health commissioning frameworks... With oversight from the PHNs, the intention of clinical governance frameworks is to build capacity for providers to self-manage clinical governance where clinical safety is included in standard contract management procedures, risk management plans and organisational policies and procedures.”</p> <p>They see the critical areas in ensuring clinical governance as being:</p> <ul style="list-style-type: none"> • Consumers having opportunities to manage their own health and also participate in innovation and value creation through co-design processes. • Clinician-led workforce that enables PHNs to make informed decisions about commissioning health services with providers who have the appropriate capacity and expertise to deliver safe care. • Delivery of safe quality care through identifying areas for practice improvement and those practices that may put consumers at risk of harm, and making recommendations to prevent or control those risks. • Clinical risk management to ensure that service providers have the capacity to meet legislative requirements and national and jurisdictional standards when designing best practice for their service.

For information on the Commission’s work on primary care, see <https://www.safetyandquality.gov.au/our-work/primary-health-care/>

Journal articles

Breaking the Rules for Better Care

Berwick DM, Loehrer S, Gunther-Murphy C

Journal of the American Medical Association. 2017.

DOI	http://dx.doi.org/10.1001/jama.2017.4703																						
Notes	<p>Standardisation is a common aim of much care, through mechanisms such as guidelines, standards and rules. This commentary argues that sometimes it is appropriate (and necessary) to review these and see whether they are posing barriers to quality care. This is not a call for ad hoc deviation or “simply encouraging anarchy”, rather more a process of positive, considered, deviance.</p> <p>The authors describe how the Institute for Healthcare Improvement, through its Leadership Alliance, organised a group of health organisations to consider how they might break or change rules to enhance care. The staff at 24 organisations identified 342 rules that were perceived to have little or no value to patients and staff with many suggestions looking at the comfort of patients and families.</p> <p>The most common suggestions included:</p> <hr/> <p>Table. Breaking the Rules for Better Care: Most Frequent Suggestions</p> <table border="1"> <thead> <tr> <th>Rule</th> <th>Frequency of Suggestions</th> </tr> </thead> <tbody> <tr> <td>Visiting hours: Eliminate visiting hours and other restrictive policies that reduce the ability of families and loved ones to be with patients.</td> <td>15</td> </tr> <tr> <td>Three-day rule: Eliminate the CMS rule that requires a patient to spend 3 consecutive days as an inpatient in a hospital to qualify for Medicare coverage of a skilled nursing facility, to provide patients with the right care, in the right place, at the right time.</td> <td>13</td> </tr> <tr> <td>Licensure: Ensure that each member of the care team is operating at the top of his or her license to improve patient flow (eg, allow front-desk staff to make appointments rather than triage nurses or allow transport staff to move patients from the bed to the wheelchair).</td> <td>13</td> </tr> <tr> <td>Patient access: Improve patient access to appointments and to their physicians between appointments (eg, make more same-day appointments available or provide a daily “call-in hour” so patients can talk to physicians directly).</td> <td>10</td> </tr> <tr> <td>Waiting time: Reduce the time patients and families wait for appointments, to go into surgery, or to be discharged, to respect their time and reduce their anxiety. Participant suggestions included better application of queuing theory, demand and capacity planning, avoiding double booking, and giving patients a discharge schedule to know what to expect.</td> <td>10</td> </tr> <tr> <td>HIPAA: Revamp current HIPAA regulations or clarify myths about HIPAA that lead to delays and difficulty in communicating with patients, families, or other care providers.</td> <td>8</td> </tr> <tr> <td>Engage families: Identify better ways to engage loved ones near and far to support patient healing.</td> <td>6</td> </tr> <tr> <td>Sleep interruption: Reduce unnecessary interruptions to hospitalized patients during the night to help patients sleep and heal.</td> <td>5</td> </tr> <tr> <td>Paperwork: Simplify paperwork and reduce rework to ensure patients do not need to provide duplicate information and to reduce administrative burden.</td> <td>5</td> </tr> <tr> <td>Patient mobility: Ambulate patients more during their hospital stay to improve healing and reduce harm.</td> <td>5</td> </tr> </tbody> </table> <p>Abbreviations: CMS, Centers for Medicare & Medicaid Services; HIPAA, Health Insurance Portability and Accountability Act.</p>	Rule	Frequency of Suggestions	Visiting hours: Eliminate visiting hours and other restrictive policies that reduce the ability of families and loved ones to be with patients.	15	Three-day rule: Eliminate the CMS rule that requires a patient to spend 3 consecutive days as an inpatient in a hospital to qualify for Medicare coverage of a skilled nursing facility, to provide patients with the right care, in the right place, at the right time.	13	Licensure: Ensure that each member of the care team is operating at the top of his or her license to improve patient flow (eg, allow front-desk staff to make appointments rather than triage nurses or allow transport staff to move patients from the bed to the wheelchair).	13	Patient access: Improve patient access to appointments and to their physicians between appointments (eg, make more same-day appointments available or provide a daily “call-in hour” so patients can talk to physicians directly).	10	Waiting time: Reduce the time patients and families wait for appointments, to go into surgery, or to be discharged, to respect their time and reduce their anxiety. 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Simplification of the HOSPITAL score for predicting 30-day readmissions

Aubert CE, Schnipper JL, Williams MV, Robinson EJ, Zimlichman E, Vasilevskis EE, et al
 BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2016-006239
Notes	<p>The question of who is likely to be re-admitted within 30 days is not an easy one to answer. Re-admission is a key metric for many reasons. One method that has been validated and identifies high-risk patients who should benefit from care transition interventions is the HOSPITAL score. This paper reports on an effort to simplify and validate the simplified version of the HOSPITAL score for predicting patients likely to be readmitted using data from 9 large hospitals across 4 countries. From their analysis the authors believe that “The simplified HOSPITAL score has good performance for predicting 30-day readmission. Prognostic accuracy was similar to the original version, while its use is even easier. This simplified score may provide a good alternative to the original score depending on the setting.”</p>

Automated telephone communication systems for preventive healthcare and management of long-term conditions
 Posadzki P, Mastellos N, Ryan R, Gunn LH, Felix LM, Pappas Y, et al.
 Cochrane Database of Systematic Reviews. 2016 (12).

DOI	http://dx.doi.org/10.1002/14651858.CD009921.pub2
Notes	<p>This Cochrane Review sought to assess the effects of automated telephone communication systems (ATCS) for preventing disease and managing long-term conditions on behavioural change, clinical, process, cognitive, patient-centred and adverse outcomes.</p> <p>ATCS can deliver voice messages and collect health-related information from patients using either their telephone's touch-tone keypad or voice recognition software. ATCS can supplement or replace telephone contact between health professionals and patients. ATCS can be unidirectional (one-way, non-interactive voice communication), interactive voice response (IVR) systems, ATCS with additional functions such as access to an expert to request advice (ATCS Plus) and multimodal ATCS, where the calls are delivered as part of a multicomponent intervention.</p> <p>From 132 trials, the authors concluded that “ATCS interventions can change patients' health behaviours, improve clinical outcomes and increase healthcare uptake with positive effects in several important areas including immunisation, screening, appointment attendance, and adherence to medications or tests.”</p>

Medical Journal of Australia
 Volume 206, Issue 8 — 1 May, 2017

URL	https://www.mja.com.au/journal/2017/206/8
Notes	<p>This issue of the <i>Medical Journal of Australia</i> has a neurological theme, with a particular focus on stroke, including valuable insights from the Australian Stroke Clinical Registry (AuSCR) into factors influencing variation in hospital mortality rates for acute stroke. Various articles describe advances in the understanding of clot retrieval in ischaemic stroke, current research into the use of stem cells for neuro-regeneration, gaps in rehabilitation for patients after minor stroke, other perspectives on stroke management and service challenges.</p> <p>The issue also features updates on neurobionics and the brain–computer interface, motor neurone disease and birth-defects registry data on microcephaly in Australia.</p> <p>Articles on stroke include:</p> <ul style="list-style-type: none"> • Risk-adjusted hospital mortality rates for stroke: evidence from the Australian Stroke Clinical Registry (AuSCR). (Dominique A Cadilhac, Monique F Kilkenny, Christopher R Levi, Natasha A Lannin, Amanda G Thrift, Joosup Kim et al). • Clot retrieval and acute stroke care (Yun Tae Hwang and Yash Gawarikar) • Regenerative neurology: meeting the need of patients with disability after stroke (Simon A Koblar, Anjali Nagpal, Fong Chan Choy, Monica Anne Hamilton-Bruce and Susan L Hillier) • Undetected and underserved: the untold story of patients who had a minor stroke (Emma C Finch, Michele M Foster, Jennifer Fleming, Philip D Aitken, Ian Williams, Tegan Cruwys and Linda Worrall) • Transforming the management of stroke (Matthew C Kiernan) • Assessing the outcome of stroke in Australia (Graeme J Hankey) <p>Other articles include:</p> <ul style="list-style-type: none"> • Prevalence of microcephaly in an Australian population-based birth defects register, 1980–2015 (Michele Hansen, Paul K Armstrong, Carol Bower and Gareth S Baynam)

	<ul style="list-style-type: none"> • Motor neurone disease: progress and challenges (Thanuja Dharmadasa, Robert D Henderson, Paul S Talman, Richard AL Macdonell, Susan Mathers, David W Schultz, et al.) • Neurobionics and the brain–computer interface: current applications and future horizons (Jeffrey V Rosenfeld and Yan Tat Wong)
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BMJ Quality & Safety
May 2017; Vol. 26, No. 5

URL	http://qualitysafety.bmj.com/content/26/5
Notes	<p>A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Extended opening hours in primary care: helpful for patients and—or—a distraction for health professionals? (Richard Baker, N Walker) • Editorial: Root-cause analysis: swatting at mosquitoes versus draining the swamp (Patricia Trbovich, Kaveh G Shojania) • Editorial: Clinical summaries for hospitalised patients: time for higher standards (Sunil Kripalani) • Editorial: Responding to the challenge of look-alike, sound-alike drug names (P L Trbovich, Sylvia Hyland) • Extended opening hours and patient experience of general practice in England: multilevel regression analysis of a national patient survey (Thomas E Cowling, Matthew Harris, Azeem Majeed) • Opportunities to improve clinical summaries for patients at hospital discharge (Erin Sarzynski, Hamza Hashmi, Jeevarathna Subramanian, Laurie Fitzpatrick, Molly Polverento, Michael Simmons, Kevin Brooks, C Given) • Our current approach to root cause analysis: is it contributing to our failure to improve patient safety? (Kathryn M Kellogg, Zach Hettinger, Manish Shah, Robert L Wears, Craig R Sellers, Melissa Squires, Rollin J Fairbanks) • Six ways not to improve patient flow: a qualitative study (Sara Adi Kreindler) • Cognitive tests predict real-world errors: the relationship between drug name confusion rates in laboratory-based memory and perception tests and corresponding error rates in large pharmacy chains (Scott R Schroeder, Meghan M Salomon, William L Galanter, Gordon D Schiff, Allen J Vaida, Michael J Gaunt, Michelle L Bryson, Christine Rash, S Falck, B L Lambert) • Reviewing deaths in British and US hospitals: a study of two scales for assessing preventability (Semira Manaseki-Holland, Richard J Lilford, Jonathan R B Bishop, Alan J Girling, Yen-Fu Chen, Peter J Chilton, Timothy P Hofer, The UK Case Note Review Group) • The problem with root cause analysis (Mohammad Farhad Peerally, Susan Carr, Justin Waring, Mary Dixon-Woods) • Estimating deaths due to medical error: the ongoing controversy and why it matters (Kaveh G Shojania, Mary Dixon-Woods)

International Journal for Quality in Health Care
Volume 29, Issue 2
April 2017

URL	https://academic.oup.com/intqhc/issue/29/2
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Notes	<p>A new issue of the <i>International Journal for Quality in Health Care</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Editorial: Patient's satisfaction and incentive programs for physicians (Usman Iqbal; Yu-Chuan (Jack) Li) • Examining the nature of interprofessional interventions designed to promote patient safety: a narrative review (Scott Reeves; Emma Clark; Sally Lawton; Melissa Ream; Fiona Ross) • A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings (Cynthia Wensley; Mari Botti; Ann McKillop; Alan F Merry) • A flowchart for building evidence-based care bundles in intensive care: based on a systematic review (Marjon Borgert; Jan Binnekade; Frederique Paulus; Astrid Goossens; Dave Dongelmans) • Assessing patient safety culture in Tunisian operating rooms: A multicenter study (Manel Mallouli; Mohamed Ayoub Tlili; Wiem Aouicha; Mohamed Ben Rejeb; Chekib Zedini; Amrani Salwa; Ali Mtiraoui; Mohamed Ben Dhiab; Thouraya Ajmi) • Quality of antenatal care and client satisfaction in Kenya and Namibia (Mai Do; Wenjuan Wang; John Hembling; Paul Ametepi) • Factors precipitating the risk of aspiration in hospitalized patients: findings from a multicentre critical incident technique study (Alvisa Palese; Lucia Lesa; Giulia Stroppolo; Giulia Lupieri; Stefano Tardivo; Silvio Brusaferrro on behalf of Aspiration Research Team) • Evaluation of a care transition program with pharmacist-provided home-based medication review for elderly Singaporeans at high risk of readmissions (McVin Hua Heng Cheen; Chong Ping Goon; Wan Chee Ong; Paik Shia Lim; Choon Nam Wan; Mei Yan Leong; Giat Yeng Khee) • De-freezing frozen patient management (Ayala Kobo-Greenhut; Amin Shnifi; Eran Tal-or; Racheli Magnezi; Amos Notea; Meir Ruach; Erez Onn; Ayala Cohen; Etti Doveh; Izhar Ben Shlomo; Kupat Holim Meuhedet) • Consumer satisfaction with tertiary healthcare in China: findings from the 2015 China National Patient Survey (Jing Sun; Guangyu Hu; Jing Ma; Yin Chen; Laiyang Wu; Qiannan Liu; Jia Hu; Christine Livoti; Yu Jiang; Yuanli Liu) • Pay-for-performance reduces healthcare spending and improves quality of care: Analysis of target and non-target obstetrics and gynecology surgeries (Seung Ju Kim; Kyu-Tae Han; Sun Jung Kim; Eun-Cheol Park) • 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) • Evaluation of a novel mentor program to improve surgical care for US hospitals (Julia R Berian; Juliana M Thomas; Christina A Minami; Paula R Farrell; Kevin J O'Leary; Mark V Williams; Vivek N Prachand; Amy L Halverson; Karl Y Bilimoria; Julie K Johnson) • 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)
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	<ul style="list-style-type: none"> • Reliability of clinical impact grading by healthcare professionals of common prescribing error and optimisation cases in critical care patients (Richard S Bourne; Rob Shulman; Mark Tomlin; Mark Borthwick; Will Berry; Gary H Mills) • 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) • 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) • Experimenting the hospital survey on patient safety culture in prevention facilities in Italy: psychometric properties (Carmen Tereanu; Scott A Smith; Giuseppe Sampietro; Francesco Sarnataro; Giuliana Mazzoleni; Bruno Pesenti; Luca C Sala; Roberto Cecchetti; Massimo Arvati; Dania Brioschi; Michela Viscardi; Chiara Prati; Giorgio G Barbaglio) • Factors constraining patient engagement in implantable medical device discussions and decisions: interviews with physicians (Anna R Gagliardi; Pascale Lehoux; Ariel Ducey; Anthony Easty; Sue Ross; Chaim M Bell; Patricia Trbovich; Julie Takata; David R Urbach) • Association between the application of ISO 9001:2008 alone or in combination with health-specific standards and quality-related activities in Hungarian hospitals (Viktor Dombrádi; Orsolya Karola Csenter; János Sándor; Sándor Gődény) • Incidence and potential risk factors for hospital-acquired pneumonia in an emergency department of surgery (Marie Stenlund; Rune Sjødahl; RN Pia Yngman-Uhlin) • 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) • Learning from the design, development and implementation of the Medication Safety Thermometer (Paryaneh Rostami; Maxine Power; Abigail Harrison; Kurt Bramfitt; Steve D Williams; Yogini Jani; Darren M Ashcroft; Mary P Tully) • Leveraging the full value and impact of accreditation (Wendy Nicklin; Triona Fortune; Paul van Ostenberg; Elaine O'Connor; Nicola McCauley)
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American Journal of Medical Quality

Volume: 32, Number: 3 (May/June 2017)

URL	http://journals.sagepub.com/toc/ajmb/32/3
Notes	<p>A new issue of the <i>American Journal of Medical Quality</i> has been published. Articles in this issue of the <i>American Journal of Medical Quality</i> include:</p> <ul style="list-style-type: none"> • A Systematic Review of Patient Safety Measures in Adult Primary Care (Jonathan Hatoun, Jeffrey A Chan, Enzo Yaksic, Mary Alexis Greenan, Ann M Borzecki, Michael Shwartz, Amy K Rosen) • Is Access to and Use of Patient Perceived Patient-Centered Medical Homes Associated With Reduced Nonurgent Emergency Department Use? (Haichang Xin, Meredith L Kilgore, Bisakha Sen)

	<ul style="list-style-type: none"> • Is the CMS Hospital-Acquired Condition Reduction Program a Valid Measure of Hospital Performance? (Richard L Fuller, Norbert I Goldfield, Richard F Averill, John S. Hughes) • Adding Value to the Health Care System: Identifying Value-Added Systems Roles for Medical Students (Jed D Gonzalo, Deanna Graaf, Bobbie Johannes, Barbara Blatt, Daniel R. Wolpaw) • Developing an Interdisciplinary, Team-Based Quality Improvement Leadership Training Program for Clinicians: The Partners Clinical Process Improvement Leadership Program (Sandhya K Rao, Victoria Carballo, Brian M Cummings, Frederick Millham, Joseph O. Jacobson) • Optimizing Prescribing Practices of High-Cost Medications With Computerized Alerts in the Inpatient Setting (Gregory Gipson, Janet L Kelly, Christy M McKinney, Andrew A. White) • Applied Use of Safety Event Occurrence Control Charts of Harm and Non-Harm Events: A Case Study (Susan N Robinson, David M Neyens, T Diller) • Effect of a Financial Incentive for Colorectal Cancer Screening Adherence on the Appropriateness of Colonoscopy Orders (Thomas B Morland, Marie Synnestvedt, Steven Honeywell, Feifei Yang, Katrina Armstrong, C Guerra) • Impact of Frailty and Sociodemographic Factors on Hospital Admission From an Emergency Department Observation Unit (Michael J Zdradzinski, Michael P Phelan, Sharon E. Mace) • A Wireless Text Messaging System Improves Communication for Neonatal Resuscitation (Colleen A Hughes Driscoll, Jamie ASchub, Kristi Pollard, Dina El-Metwally) • Improving the Context Supporting Quality Improvement in a Neonatal Intensive Care Unit Quality Collaborative: An Exploratory Field Study (Heather R Grooms, Craig M Froehle, Lloyd P Provost, James Handyside, Heather C Kaplan) • Evaluating the Effect of Physician Fellowship Programs on Surgical Outcomes for Coronary Artery Bypass Grafting Procedures (Dennis R Delisle, David B Nash) • Diagnostic Delays and Errors in Head and Neck Cancer Patients: Opportunities for Improvement (Joel Franco, Alhasan N Elghouche, Michael S Harris, Mimi S Kokoska) • If Health Care Teams Had to Win Championships: Insights From High-Performance Sports (Ravi Dhurjati, Eduardo Salas, Jochen Profit) • Choosing Wisely: Reduction of Antibiotic Use for Early-Onset Sepsis Prophylaxis in Neonates (Natalie Thoni, Kan Gaston, Ajay J Talati) • VA Emergency Department Has Improved Communication to Increase Quality of Care and Patient Satisfaction (Nancy Lutwak, Curt Dill) • The Impact of Inclusion in a Quality Indicators Program on Anticoagulant Treatment in Atrial Fibrillation (Shlomo Vinker, Doron S Comaneshter, Arnon D Cohen) • Impact of a Procedural Cart on Procedural Efficiency (Jeffrey Shrum, Greg Hallihan, Jessica Jones, Leonie Tesorero, Gabriella Gregson, Alyshah Kaba, Jayna M Holroyd-Leduc, David Borkenhagen, Lynn A Lambert, I W Y Ma)
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URL	http://pxjournal.org/journal/vol4/iss1/
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Notes	<p>A new issue of the <i>Patient Experience Journal</i> has been published. Articles in this issue of the <i>PXJ</i> include:</p> <ul style="list-style-type: none"> • Editorial: Patient Experience: A return to purpose (Jason A Wolf) • Learning and leading in the experience age (Jane Cummings) • Patient Experience: The field and future (Geoffrey A Silvera, Courtney N Haun, and Jason A Wolf) • Increasing patient engagement in healthcare service design: a qualitative evaluation of a co-design programme in New Zealand (Lynne Margaret Maher, Brooke Hayward, Patricia Hayward, and Chris Walsh) • Evaluating variables of patient experience and the correlation with design (Dyutima Jha, Amy Keller Frye, and Jennifer Schlimgen) • Engaging rural residents in patient-centered health care research (Michelle Levy, Cheryl Holmes, Amy Mendenhall, and Whitney Grube) • Patient perspectives on quality family planning services in underserved areas (Debora Goldberg, Bhakthi Sahgal, Tishra Beeson, Susan F Wood, Holly Mead, Aliyah Abdul-Wakil, Hallie Stevens, Pinyao Rui, and Sara Rosenbaum) • When one is sick and two need help: Caregivers' perspectives on the negative consequences of caring (Ilja Ormel, Susan Law, Courtney Abbott, Mark Yaffe, Marc Saint-Cyr, Kerry Kuluski, D Josephson, and A C Macaulay) • An organisational study into the impact of mobile devices on clinician and patient experience in Auckland, New Zealand (Kelly L Bohot, Rebecca C Hammond, and Teresa A Stanbrook) • “Quiet at Night”: Reduced overnight vital sign monitoring linked to both safety and improvements in patients’ perception of hospital sleep quality (Kevin Stiver, Nandini Sharma, Kayla Geller, Lisa Smith, Julie Stephens, Eemile Daoud, Susan Moffatt-Bruce, and Ernest Mazzaferri) • Leadership development practices and patient satisfaction: An exploratory study of select U.S. Academic medical centers (Chien-Ching Li, Peter Barth, Andrew N Garman, Matthew M Anderson, and Peter W Butler) • Patient experiences of cancer care: scoping review, future directions, and introduction of a new data resource: Surveillance Epidemiology and End Results-Consumer Assessment of Healthcare Providers and Systems (SEER-CAHPS) (Michelle A Mollica, Lisa M Lines, Michael T Halpern, Edgardo Ramirez, Nicola Schussler, Matthew Urato, Ashley W Smith, and E E Kent) • Experiences of communication barriers between physicians and immigrant patients: A systematic review and thematic synthesis (Salim Ahmed, Sonya Lee, Nusrat Shommu, Nahid Rumana, and Tanvir Turin) • The impact of queue-controlled modified open access scheduling on no-show rate in a community mental health child psychiatry med check clinic: A pilot study (Timothy Lesaca) • Reconnecting the mind and body: A pilot study of developing compassion for persistent pain (Sarah L Parry and Zoey Malpus) • The evolution and integration of a patient-centric mapping tool (patient journey value mapping) in continuous quality improvement (Alison Tothy, Sunitha K Sastry, Heather M Limper, Paul Suett, Mary Kate Springman, and Susan M Murphy) • An experience of practitioners navigating the role of patient/caregiver (Susan M Shaw and Rain Lamdin)
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For information on the Commission’s work on patient and consumer centred care, see <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

Public Health Research & Practice
April 2017, Volume 27, Issue 2

URL	http://www.phrp.com.au/issues/april-2017-volume-27-issue-2/
Notes	<p>A new issue of <i>Public Health Research & Practice</i> has been published. This issue is a special edition examining the theme of implementing mental health reform. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Putting mental health services and suicide prevention reform into practice (Ian Hickie) • Reform, revolution and disruption in mental health care: a consumer’s perspective (Jackie Crowe) • Transdiagnostic stepped care in mental health (Shane PM Cross, I Hickie) • A ‘systems’ approach to suicide prevention: radical change or doing the same things better? (Scott J Fitzpatrick, Claire Hooker) • Should tobacco and alcohol companies be allowed to influence Australia’s National Drug Strategy? (Becky Freeman, Ross MacKenzie, Mike Daube) • Disability income support design and mental illnesses: a review of Australia and Ontario (Ashley McAllister, Maree L Hackett, Stephen R Leeder) • Diagnosis-based and external cause–based criteria to identify adverse drug reactions in hospital ICD-coded data: application to an Australian population-based study (Wei Du, Sallie-Anne Pearson, Nicholas A Buckley, Cathy Day, Emily Banks) • A decision-support tool to inform Australian strategies for preventing suicide and suicidal behaviour (Andrew Page, Jo-An Atkinson, Mark Heffernan, Geoff McDonnell, Ian Hickie) • #WaysToRelax: developing an online alcohol-related health promotion animation for people aged 55 and older (Nyssa Ferguson, Michael Savic, Victoria Manning, Dan I Lubman) • Challenges of integrating evidence into health policy and planning: linking multiple disciplinary approaches (Carmen Huckel Schneider, F Blyth)

Health Affairs
April 2017; Volume 36, Issue 5

URL	http://content.healthaffairs.org/content/36/5.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the themes ‘ACA Coverage, Access, Medicaid & More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Revised ‘Common Rule’ Shapes Protections For Research Participants(Barbara E. Bierer, Mark Barnes, and Holly Fernandez Lynch) • Medical Marijuana Laws May Be Associated With A Decline In The Number Of Prescriptions For Medicaid Enrollees (Ashley C Bradford and W David Bradford) • Medicaid Expansion Increased Coverage, Improved Affordability, And Reduced Psychological Distress For Low-Income Parents (Stacey McMorro, Jason A Gates, Sharon K Long, and Genevieve M Kenney) • Medicaid Expansion Coverage Effects Grew In 2015 With Continued Improvements In Coverage Quality (Sandra L Decker, Brandy J Lipton, and Benjamin D Sommers)

	<ul style="list-style-type: none"> • High-Price And Low-Price Physician Practices Do Not Differ Significantly On Care Quality Or Efficiency (Eric T Roberts, Ateev Mehrotra, and J Michael McWilliams) • Medical Group Structural Integration May Not Ensure That Care Is Integrated, From The Patient’s Perspective (Michaela J Kerrissey, Jonathan R Clark, Mark W Friedberg, Wei Jiang, Ashley K Fryer, Molly Frean, Stephen M Shortell, Patricia P Ramsay, Lawrence P Casalino, and Sara J Singer) • Modeling The Economic And Health Impact Of Increasing Children’s Physical Activity In The United States (Bruce Y Lee, Atif Adam, Eli Zenkov, Daniel Hertenstein, Marie C Ferguson, Peggy I Wang, Michelle S Wong, Patrick Wedlock, Sindiso Nyathi, Joel Gittelsohn, Saeideh Falah-Fini, Sarah M Bartsch, Lawrence J Cheskin, and Shawn T Brown) • Rapid Growth In Mental Health Telemedicine Use Among Rural Medicare Beneficiaries, Wide Variation Across States (Ateev Mehrotra, Haiden A Huskamp, Jeffrey Souza, Lori Uscher-Pines, Sherri Rose, Bruce E Landon, Anupam B Jena, and Alisa B Busch) • Dave Didn’t Have To Die: On Health Care For Homeless Patients (Tammy L Kling)
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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"> • Simplification of the HOSPITAL score for predicting 30-day readmissions (Carole E Aubert, Jeffrey L Schnipper, Mark V Williams, Edmondo J Robinson, Eyal Zimlichman, Eduard E Vasilevskis, Sunil Kripalani, Joshua P Metlay, Tamara Wallington, Grant S Fletcher, Andrew D Auerbach, Drahomir Aujesky, Jacques D Donzé) • Assessing the safety culture of care homes: a multimethod evaluation of the adaptation, face validity and feasibility of the Manchester Patient Safety Framework (Martin Marshall, Lesley Cruickshank, Jenny Shand, Sarah Perry, James Anderson, Li Wei, Dianne Parker, Debra de Silva) • Thematic analysis of US stakeholder views on the influence of labour nurses’ care on birth outcomes (Audrey Lyndon, Kathleen Rice Simpson, J Spetz) • The role of social media around patient experience and engagement (Ronen Rozenblum, Felix Greaves, David W Bates) • Editorial: A single-centre hospital-wide handoff standardisation report: what is so special about that? (Maitreya Coffey, Lennox Huang) • Safety and efficiency of a new generic package labelling: a before and after study in a simulated setting (Beate Hennie Garcia, Renate Elenjord, Camilla Bjornstad, Kjell Hermann Halvorsen, Sigurd Hortemo, Steinar Madsen) • Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents (William Martinez, Lisa Soleymani Lehmann, Eric J Thomas, Jason M Etchegaray, Julia T Shelburne, Gerald B Hickson, D W Brady, A M Schleyer, J A Best, N B May, S K Bell) • Impact of two-step urine culture ordering in the emergency department: a time series analysis (Amanda Stagg, Haydon Lutz, Sakshi Kirpalaney, John Justin Matelski, Adam Kaufman, Jerome Leis, Janine McCready, Jeff Powis)

URL	https://academic.oup.com/intqhc/advance-access?papetoc
Notes	<p>International Journal for Quality in Health Care has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none">• Improved implementation of the risk-adjusted Bernoulli CUSUM chart to monitor surgical outcome quality (Matthew J Keefe; Justin B Loda; Ahmad E Elhabashy; William H Woodall)• Integrated care for older populations and its implementation facilitators and barriers: A rapid scoping review (Diane E Threapleton; Roger Y Chung; Samuel Y S Wong; Eliza Wong; Patsy Chau; Jean Woo; Vincent C H Chung; Eng-kiong Yeoh)

Online resources

Medical Devices Safety Update

<https://www.tga.gov.au/publication-issue/medical-devices-safety-update-volume-5-number-3-may-2017>

Volume 5, Number 3, May 2017

The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:

- Surveillance study focuses on risk of complications with **vascular closure device** – A recently published study has examined the risk of vascular complications associated with a novel vascular closure design.
- **Disinfectants and detergents can damage medical equipment plastics** – Certain disinfectant wipes and detergents can damage medical devices if the cleaning agent is incompatible with the device's plastic surfaces.
- **Stryker** advice regarding the correct use of **V-40 C-taper adaptor sleeve** – Stryker Orthopaedics is undertaking an education strategy to increase surgeon awareness regarding the correct use of the V-40 C-taper adaptor sleeve.
- **Recent safety alerts.**
- **What to report?** Please report adverse events, as well as near misses.

Future Leaders Communiqué

Victorian Institute of Forensic Medicine

Volume 2 Issue 2 April 2017

<http://www.vifmcommuniques.org/?p=4899>

This issue of the *Future Leaders Communiqué* examines some of the clinical challenges that occur around documentation and communication with families. It includes expert commentaries from Dr Grant Davies, the former Health Services Commissioner for Victoria and Professor Carolina Weller, a NHMRC Public Health Fellow at Monash University. They offer insights relevant to junior doctors about communication, documentation and the importance of conducting a thorough assessment of patients.

[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:

- Quality Standard QS149 **Osteoporosis** <https://www.nice.org.uk/guidance/qs149>

[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:

- Repetitive task training can help **recovery after stroke**
- Fortified donor breast milk led to similar development for **very-low-birthweight babies** compared with formula milk
- Giving immediate antibiotics reduces **deaths from sepsis**
- New casting technique is an option for **older people** with **ankle fracture**
- Thrombolysis may reduce complications of **deep vein thrombosis**
- Counselling services help **expectant mothers** quit **smoking**
- Antibiotics by injection into the eye can prevent severe **infection** following **cataract surgery**
- The "BabyClear" programme helped **pregnant women** stop **smoking** in North East England
- MRI scans help confirm ultrasound diagnosis of **fetal brain abnormalities**.

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