AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 321
15 May 2017

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On the Radar
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Reports

Unnecessary Care in Canada
Canadian Institute for Health Information
Ottawa, ON: CIHI; 2017. P. 77.

URL	https://www.cihi.ca/en/unnecessary-care-in-canada
Notes	A number of initiatives to reduce low value, unnecessary or inappropriate have been undertaken recently, including Choosing Wisely. This report released by the Canadian Institute for Health Information (CIHI) and Choosing Wisely Canada, uses data to measure the extent of unnecessary care associated with 8 tests and procedures that span the health system. Choosing Wisely Canada — as with all other Choosing Wisely programs around the world, including Australia — is a national, clinician-led campaign that partners with national clinician specialty societies to develop evidence-based recommendations about tests, treatments and procedures that are unnecessary and offer no value to patients. This report details the extent of some 'unnecessary' care will also reporting on some success stories of using the recommendations to identify and reduce unnecessary care in Canada. The report found that **up to 30%** of the tests, treatments and procedures associated with the 8 selected Choosing Wisely Canada recommendations are **potentially unnecessary** and that **substantial variation** exists among regions and facilities in terms of the number of unnecessary tests and procedures performed.

	Among the report's messages are: • Many Canadians experience care that has been identified as potentially unnecessary. **Unnecessary care does not improve outcomes, may be harmful to patients and creates additional costs for the system**. • Organization-wide efforts to reduce unnecessary care are needed. Decision support tools to avoid low-value care at the facility level can lead to improvement. • Alternatives to treatments, tests or procedures need to be considered — from assessment tools to pharmaceuticals. • Clinicians may be influenced by access to resources, their training, peer culture and patient expectations. • Patient expectations and preferences may influence care practices. Helping patients and clinicians to engage in informed conversations and shared decision-making can reduce unnecessary care. The web page also provides data tables and a Technical Report describing the methodologies used.

Leading across the health and care system: lessons from experience
Hulks S, Walsh N, Powell M, Ham C, Alderwick H
London: The King's Fund; 2017. p. 24.

URL	https://www.kingsfund.org.uk/projects/leadership-in-action/leading-across-health-and-care-system https://www.kingsfund.org.uk/publications/leading-across-health-and-care-system
Notes	This latest paper from The King's Fund in the UK seeks to provide those who are leading new systems of care some guidance on how to address the challenges they face. It draws on the Fund's work on the development of new care models, sustainability and transformation plans, and accountable care organisations. It is also informed by the experience of people who have occupied system leadership roles and draws on case studies from our research and organisational development work. The paper details five factors that facilitate system leadership: • **Developing a shared vision and purpose**: creating a positive vision of the future built around the needs of local populations • **Having frequent personal contact**: face-to-face meetings enable leaders to build rapport and understanding and to appreciate and acknowledge each other's problems and challenges • **Identifying and resolving conflicts**: needs leaders' ability to recognise conflicts, resolve and create the conditions in which it is safe to challenge • **Behaving altruistically towards each other**: work together in a collaborative way, focusing on the bigger picture • **Committing to working together** for the longer term: leaders need to invest time and energy in forming effective long-term relationships.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain
Busse J (main editor)
Hamilton: National Pain Centre, McMaster University; 2017.

URL	http://nationalpaincentre.mcmaster.ca/guidelines.html
Notes	A number of countries are experiencing an 'opioid epidemic' which is leading to many deaths from opioid misuse. This Canadian guideline was developed in response to concerns that Canadians are the second highest users per capita of opioids in the world, while the rates of opioid prescribing and opioid-related hospital visits and

	deaths have been increasing rapidly. The guideline's recommendations for clinical practice have been developed by an international team of clinicians, researchers and patients. The guideline incorporates medical evidence published since the previous national opioid use guideline was made available in 2010. They are recommendations for physicians, but are not regulatory requirements. The website also includes a number of tools for Opioid Tapering, Opioid Manager and Opioid Switching.

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

Journal articles

Countering cognitive biases in minimising low value care
Scott IA, Soon J, Elshaug AG, Lindner R
Medical Journal of Australia. 2017 [epub].

DOI	http://dx.doi.org/10.5694/mja16.00999
Notes	As has been described already issues of necessity, appropriateness and value (including the values of patients and clinicians as well as cost-effectiveness) are current concerns in most health systems. This paper identifies and discusses some of the cognitive biases that may hinder clinicians in their identification of low and/or high value care and thus changing practices. The forms of cognitive biases examined include commission bias, attention bias, impact bias, availability bias, ambiguity bias, extrapolation bias, sunken cost bias, affect bias and framing effects. A number of strategies that may be used to counter such biases are also discussed. These include cognitive huddles, narratives of patient harm, value considerations in clinical assessments, defining acceptable levels of risk of adverse outcomes, substitution, reflective practice and role modelling, normalisation of deviance, nudge techniques and shared decision making. Such strategies, according to the authors, have "considerable face validity and, for some, effectiveness in reducing low value care has been shown in randomised trials."

Decision aids for people facing health treatment or screening decisions
Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, et al
Cochrane Database of Systematic Reviews. 2017 (4).

DOI	http://dx.doi.org/10.1002/14651858.CD001431.pub5
Notes	In this update to a Cochrane Review, Dawn Stacey and colleagues found that, compared to usual care across a variety of decision contexts, **'people exposed to decision aids feel more knowledgeable, better informed and clearer about their values'.** Similar improvements in knowledge and risk perception were found when decision aids were used either within or in preparation for the consultation. Decision aids also appeared to have a positive effect on patient-clinician communication. Decision aids are tools that can be used patients and clinicians to support shared decision making. These tools make explicit the decision, describe the options and help people to think about the options from a personal point of view (e.g. how important the benefits and harms are to them). Decision aids are particularly helpful in situations where there is more than one reasonable option (where neither option is clearly superior), or when options have benefits and harms that people may value differently.

For information on the Commission's work on shared decision making, see https://www.safetyandquality.gov.au/our-work/shared-decision-making/

Postapproval studies of drugs initially approved by the FDA on the basis of limited evidence: systematic review
Pease AM, Krumholz HM, Downing NS, Aminawung JA, Shah ND, Ross JS
BMJ. 2017;357:j680.

DOI	https://doi.org/10.1136/bmj.j1680
Notes	This article in the BMJ suggests that the evidence used for drug approval is not always supported by clinical trials conducted following that approval. The paper reports on a survey of 117 novel drugs that were approved for 123 indications on the basis of a single pivotal trial, pivotal trials that used surrogate markers of disease, or both (single surrogate trials). These were later the subjects of post-approval clinical trials (that the authors describe as being of varying quality and mostly inadequate size). As Richard Lehman noted in his journal review at the BMJ, (http://blogs.bmj.com/bmj/2017/05/08/richard-lehmans-journal-review-8-may-2017/) "fewer than 10% of approved indications were subsequently supported by one or more published randomized controlled, double blind studies showing superior efficacy based on clinical outcomes that examined the same indication for which the drug was first approved by the FDA after a median of 5.5 years after approval."

Journal for Healthcare Quality
May/June 2017 - Volume 39 - Issue 3

URL	http://journals.lww.com/jhqonline/toc/2017/05000
Notes	A new issue of the *Journal for Healthcare Quality* has been published. Articles in this issue of *Journal for Healthcare Quality* include: • A System-Wide Enhanced **Recovery Program** Focusing on Two Key Process Steps **Reduces Complications and Readmissions** in Patients Undergoing **Bowel Surgery** (Loftus, Terrence J.; Stelton, S; Efaw, B W.; Bloomstone, J) • The **Patient-Centered Discharge**—An Electronic Discharge Process Is Associated With Improvements in Quality and Patient Satisfaction (Buckler, Lacey T.; Teasdale, Carla; Turner, Matthew; Schadler, Aric; Schwieterman, Tracy M.; Campbell, Charles L.) • **Electronic Health Record Adoption** among Obstetrician/Gynecologists in the United States: Physician Practices and Satisfaction (Raglan, Greta B.; Margolis, Benyamin; Paulus, Ronald A.; Schulkin, Jay) • Using a Mixed Methods Approach to Examine Practice Characteristics Associated With Implementation of an **Adult Immunization** Intervention Using the 4 Pillars Practice Transformation Program (Hawk, Mary; Nowalk, Mary Patricia; Moehling, Krissy K.; Pavlik, Valory; Raviotta, Jonathan M.; Brown, Anthony E.; Zimmerman, Richard K.; Ricci, Edmund M.) • VHA **Patient-Centered Medical Home** Associated With Lower Rate of Hospitalizations and Specialty Care Among Veterans With Posttraumatic Stress Disorder (Randall, Ian; Mohr, David C.; Maynard, Charles) • Quality of **Interhospital Transfer Communication** Practices and Association With Adverse Events on an Internal Medicine Hospitalist Service (Borofsky, Jennifer S.; Bartsch, Jason C.; Howard, Alan B.; Repp, Allen B.) • Did We Have an Impact? Changes in **Racial** and **Ethnic Composition** of **Patient Populations** Following Implementation of a Pilot Program (Webster, Pamela S.; Sampangi, Swathi) • An Interdisciplinary Education Initiative to Promote **Blood Conservation** in Cardiac Surgery (Goda, Tamara S.; Sherrod, Brad; Kindell, Linda)

	• **Transformational Leadership**: The **Chief Nursing Officer** Role in Leading Quality and Patient Safety (Jones, Pam; Polancich, Shea; Steaban, Robin; Feistritzer, Nancye; Poe, Terri)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?papetoc
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Multi-stakeholder perspectives in defining **health-services quality** in **cataract care** (Aline C Stolk-Vos; Joris J van de Klundert; Niels Maijers; Bart LM Zijlmans; Jan J.V. Busschbach) • **Healthcare improvements from the unit to system levels**: contributions to improving the safety and quality evidence base (David Greenfield; Usman Iqbal; Yu-Chuan (Jack) Li) • Impact of financial incentives for **inter-provider care coordination** on health-care resource utilization among elderly acute **stroke patients** (Takumi Nishi; Toshiki Maeda; Akira Babazono) • A quality improvement project using **statistical process control methods** for type 2 **diabetes control** in a resource-limited setting (David Flood; Kate Douglas; Vera Goldberg; Boris Martinez; Pablo Garcia; MaryCatherine Arbour Peter Rohloff) • Process value of care safety: women's **willingness to pay** for **perinatal services** (Hisataka Anezaki; Hideki Hashimoto) • Predictors of the effectiveness of **accreditation** on **hospital performance**: A nationwide stepped-wedge study (Søren Bie Bogh; Anne Mette Falstie-Jensen; Erik Hollnagel; René Holst; Jeffrey Braithwaite; Ditte Caroline Raben; Søren Paaske Johnsen) • Narrative feedback from OR personnel about the safety of their **surgical practice** before and after a **surgical safety checklist** intervention (Shehnaz Alidina; Hye-Chun Hur; William R. Berry; George Molina; Guy Guenthner; Anna M Modest; Sara J Singer)

Online resources

Question Builder
http://www.safetyandquality.gov.au/questionbuilder
The Australian Commission on Safety and Quality in Health Care and Healthdirect Australia have jointly launched the Question Builder, a free web-based tool to help people prepare for their medical appointment and make the best use of the time with their doctor.
Question Builder helps people create a list of questions they might like to ask their doctor, prepare for the questions their doctor may ask them, and allows them to print out or email the question list so they can use it in their appointment. The Question Builder encourages people to ask questions, participate in the appointment and share decisions with their doctor about their health care.
You will find a link to the tool, as well as supporting resources on the Commission's website at www.safetyandquality.gov.au/questionbuilder

[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 NG28 ***Type 2 diabetes*** *in adults: management*
  https://www.nice.org.uk/guidance/ng28
- Clinical Guideline CG174 ***Intravenous fluid therapy*** *in adults in hospital*
  https://www.nice.org.uk/guidance/cg174
- Clinical Guideline CG124 ***Hip fracture****: management* https://www.nice.org.uk/guidance/cg124

[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:

- *Assessment Tools for* ***Palliative Care*** https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2442
- *Treatment of* ***Osteoarthritis of the Knee****: An Update Review*
  https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2441
- *Tympanostomy Tubes in Children with* ***Otitis Media***
  https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2438

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