



## On the Radar

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### On the Radar

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### Books

*Approaches to Surgical Site Infection Surveillance: For acute care settings in Australia*  
Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2017.

URL	<a href="https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/national-hai-surveillance-initiative/">https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/national-hai-surveillance-initiative/</a>
Notes	The Australian Commission on Safety and Quality in Health Care, in collaboration and consultation with technical experts from across Australia, has produced this guide to describe the approaches that can be used to underpin the design and implementation of a surgical site infection (SSI) surveillance program in acute healthcare settings. The approaches described aim to improve the usefulness of surveillance data for measurement and priority setting at both the local and national level. Health service organisations should consider the approaches described in this document when establishing a new SSI surveillance program and when reviewing or expanding current SSI surveillance programs.

*Recommendations for the control of carbapenemase-producing Enterobacteriaceae (CPE). A guide for acute care health facilities*

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2017.

URL	<a href="https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/cpe-guide/">https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/cpe-guide/</a>
Notes	Gram-negative bacteria have emerged that are resistant to most types of antibiotics, including a key “last resort” class of antibiotic, the carbapenems. These organisms are referred to as carbapenem resistant <i>Enterobacteriaceae</i> (CRE). Carbapenem resistant <i>Enterobacteriaceae</i> is of particular concern because <i>Enterobacteriaceae</i> cause infections at a high frequency and resistant infections are associated with high mortality. The Australian Commission on Safety and Quality in Health Care has worked in partnership with the Australasian Society Infectious Diseases, Australasian College of Infection Prevention and Control, Public Health Laboratory Network and Australasian Society of Antimicrobials to develop this guide containing recommendations for the management and testing of patients with carbapenemase-producing <i>Enterobacteriaceae</i> .

## Reports

*Hip Fracture Care Case for Improvement*

Australian Commission on Safety and Quality in Health Care  
Sydney: ACSQHC; 2017.

URL	<a href="https://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/">https://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/</a>
Notes	In September 2016, the Australian Commission on Safety and Quality in Health Care released the <i>Hip Fracture Care Clinical Care Standard</i> , as well as indicator specifications, and consumer and clinician fact sheets to support its implementation. The <i>Hip Fracture Care Clinical Care Standard</i> was developed in collaboration with consumers, clinicians, researchers and health organisations, and aims to improve the assessment and management of patients with hip fracture to optimise outcomes and reduce their risk of another fracture. The Commission has now released the <i>Hip Fracture Care – the Case for Improvement</i> , as well as a supporting presentation for clinicians and health services to use. These resources explain what each quality statement means, why it matters, and how use of the clinical care standard could improve patient outcomes. These new resources are available from the Commission’s website at <a href="https://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/">https://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/</a>

*Leading a Culture of Safety: A Blueprint for Success*

American College of Healthcare Executives and NPSF Lucian Leape Institute  
Chicago, IL: American College of Healthcare Executives; 2017. p. 48.

URL	<a href="https://www.npsf.org/page/cultureofsafety">https://www.npsf.org/page/cultureofsafety</a>
Notes	The saying "culture eats strategy for breakfast", usually attributed to Peter Drucker, is well-known. However, changing culture is seen as very difficult to change. This report from the American College of Healthcare Executives and (USA) National Patient Safety Foundation’s Lucian Leape Institute intends to provide chief executive officers and other leaders with a useful tool for assessing and advancing their organisation’s culture of safety.

This guide can be used to help determine the current state of an organisation’s journey, inform dialogue with the board and leadership team, and help leaders set priorities.

The high-level strategies and practical tactics in the guide are divided into two levels:

- The foundational level provides basic tactics and strategies essential for the implementation of each domain.
- The sustaining level provides strategies for spreading and embedding a culture of safety throughout the organisation.



### Journal articles

*Australia’s Health Care Homes: laying the right foundations*

Jackson CL, Hambleton SJ

Medical Journal of Australia. 2017;206(9):380-1.

DOI	<a href="https://dx.doi.org/10.5694/mja16.01470">https://dx.doi.org/10.5694/mja16.01470</a>
Notes	Issues of coordination and continuity of care are often raised as safety and quality issues, particularly for patients with multiple (or co-morbid) conditions. The concept of a medical ‘home’, usually in the primary care setting, has been suggested as a means of enhancing the co-ordination and continuity of care. This article describes the concept in the Australian context and the approaches being advanced (somewhat tentatively). The authors believe that the Health Care Home (HCH) concept has great potential for improving care. They also identify some key factors, including <b>clinician leadership</b> , active <b>clinician involvement</b> , <b>patient engagement</b> , ‘ <b>digital transformation</b> ’ to better collect, share and use information as well as a system that shows the characteristics and capabilities of a <b>learning organisation or system</b> to learn, adapt and upgrade as it develops.

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

*Sources of unsafe primary care for older adults: a mixed-methods analysis of patient safety incident reports*  
 Cooper A, Edwards A, Williams H, Evans HP, Avery A, Hibbert P, et al.  
 Age and Ageing. 2017 [epub]

DOI	<a href="https://dx.doi.org/10.1093/ageing/afx044">https://dx.doi.org/10.1093/ageing/afx044</a>
Notes	This paper used on the analysis of a national (England and Wales) database of patient safety incident reports from 2005 to 2013 to identify factors associated with actual or potential harm to primary care patients aged 65 years and older. The database included 1,591 primary care patient safety incident reports regarding patients aged 65 years and older. The classification and analyses of these reports revealed the main sources of unsafe care were due to <b>medication-related</b> incidents; <b>communication-related</b> incidents; and <b>clinical decision-making</b> incidents. The authors suggest that “priority areas for further research to determine the burden and preventability of unsafe primary care for older adults, include: the timely electronic tools for prescribing, dispensing and administering medication in the community; electronic transfer of information between healthcare settings; and, better clinical decision-making support and guidance.”

*Behavioral approach to appropriate antimicrobial prescribing in hospitals: The Dutch Unique Method for Antimicrobial Stewardship (DUMAS) participatory intervention study*  
 Sikkens JJ, van Agtmael MA, Peters EG, Lettinga KD, van der Kuip M, Vandenbroucke-Grauls CMJE, et al.  
 JAMA Internal Medicine. 2017.

DOI	<a href="https://dx.doi.org/10.1001/jamainternmed.2017.0946">https://dx.doi.org/10.1001/jamainternmed.2017.0946</a>
Notes	Some approaches to driving antimicrobial prescribing have been perceived as somewhat overbearing or impinging on the autonomy and responsibilities of the clinician. This Dutch study describes an antimicrobial stewardship approach that grounded in behavioural theory and focused on preserving prescriber autonomy and participation. The DUMAS study (Dutch Unique Method for Antimicrobial Stewardship) study was undertaken from 1 October 2011 to 31 December 2015 with outcomes measured during a baseline period of 16 months and an intervention period of 12 months. The study was performed at 7 clinical departments in a tertiary care medical centre and a general teaching hospital. 1121 patient cases with 700 antimicrobial prescriptions were assessed during the baseline period and 882 patient cases with 531 antimicrobial prescriptions during the intervention period. The authors found that mean antimicrobial <b>appropriateness increased</b> from 64.1% at intervention start to 77.4% at 12-month follow-up. However, no decrease in antimicrobial consumption was found. The authors assert that “Use of a behavioral approach preserving prescriber autonomy resulted in an <b>increase in antimicrobial appropriateness</b> sustained for at least 12 months. The approach is <b>inexpensive</b> and could be <b>easily transferable</b> to various health care environments.”

For information on the Commission’s work on healthcare associated infection, including antimicrobial stewardship, see <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

*Approaches to appropriate care delivery from a policy perspective: A case study of Australia, England and Switzerland*  
 Robertson-Preidler J, Anstey M, Biller-Andorno N, Norrish A  
 Health Policy. 2017 [epub].

DOI	<a href="https://doi.org/10.1016/j.healthpol.2017.04.009">https://doi.org/10.1016/j.healthpol.2017.04.009</a>
Notes	The authors of this paper examine and compare the different visions of and policies driving appropriateness of care in three different national contexts, the UK, Switzerland and Australia. While all three offer universal care to their citizens, the means by which they deliver this and prioritise or otherwise encourage greater appropriateness of care. The variations reflect, as the authors note, “differences in geography, history, population needs, and perceptions of solidarity have produced variations in how they interpret and implement appropriateness in health care.” In some many ways, context matters.

*Prospective Evaluation of a Multifaceted Intervention to Improve Outcomes in Intensive Care: The Promoting Respect and Ongoing Safety Through Patient Engagement Communication and Technology Study*  
 Dykes PC, Rozenblum R, Dalal A, Massaro A, Chang F, Clements M, et al  
 Critical Care Medicine. 2017.

DOI	<a href="https://dx.doi.org/10.1097/ccm.0000000000002449">https://dx.doi.org/10.1097/ccm.0000000000002449</a>
Notes	This paper (with a very long title and a long list of authors) reported on the impact of an intervention aimed at improving outcomes in intensive care. The multicomponent intervention had a structured patient-centred care and engagement training program and web-based technology including ICU safety checklist, tools to develop shared care plan, and messaging platform. It also had patient and care partner access to an online portal to view health information, participate in the care plan, and communicate with providers. The study examined 2,105 patient admissions, (1,030 baseline and 1,075 during intervention periods) and reported that the aggregate rate of <b>adverse events fell 29%</b> , from 59.0 to 41.9 per 1,000 patient days during the intervention period. <b>Satisfaction improved</b> from an overall hospital rating of 71.8 to 93.3 for patients and from 84.3 to 90.0 for care partners. This was while there was no change in care plan concordance or resource use.

*Healthcare Quarterly*  
 Vol. 20 No. 1, 2017

DOI	<a href="https://www.longwoods.com/publications/healthcare-quarterly/25070">https://www.longwoods.com/publications/healthcare-quarterly/25070</a>
Notes	A new issue of <i>Healthcare Quarterly</i> has been published. Articles in this issue of <i>Healthcare Quarterly</i> include: <ul style="list-style-type: none"> <li>• <b>Gender, Sex and Traumatic Brain Injury:</b> Transformative Science to Optimize Patient Outcomes (Tatyana Mollayeva and Angela Colantonio)</li> <li>• Improving <b>Health System Efficiency:</b> Perspectives of Decision-Makers (Sara Allin, Sara Guilcher, Dana Riley and Yu Janice Zhang)</li> <li>• <b>Healthcare for the Aging Citizen</b> and the Aging Citizen for Healthcare: Involving Patient Advisors in Elder-Friendly Care Improvement (Jennifer Verma, Patricia O'Connor, Jerold Hodge, H Abrams, J Bennett and S Sinha)</li> <li>• The <b>Case for Quality Improvement</b> (Christina Krause)</li> <li>• <b>Early Rehabilitation</b> for Patients with <b>Hip Fractures:</b> Spreading Change Across the System (Charissa Levy, Sharon Ocampo-Chan, Linda Huestis and D Renzetti)</li> <li>• BOOMR: Better Coordinated <b>Cross-Sectoral Medication Reconciliation</b> for Residential Care (Vincent Vuong, Denis O'Donnell, Hrishikesh Navare, Debra Merrill, Michal Racki, Sheila Burton, Lori Anderson and Carla Beaton)</li> </ul>



	<ul style="list-style-type: none"> <li>• The PoET (<b>P</b>revention of <b>E</b>rror-based <b>T</b>ransfers) Project (Jill Oliver and Paula Chidwick)</li> <li>• Optimizing <b>T</b>ransitions of <b>C</b>are – Hospital to Community (Emily Sheridan, Christine Thompson, Tania Pinheiro, Nicole Robinson, Karen Davies and Nancy Whitmore)</li> <li>• <b>P</b>atient-Centred <b>C</b>are in Canada: Key Components and the Path Forward (Terrence Montague, Amédé Gogovor, John Aylen, Lisa Ashley, Sara Ahmed, Lesli Martin, Bonnie Cochrane, Owen Adams and Joanna Nemis-White)</li> <li>• Listening to Improve: Transforming <b>P</b>atient <b>R</b>elations <b>M</b>easurement and <b>R</b>eporting in Ontario (Patricia Sullivan-Taylor, Rachel Frohlich, Anita Singh and Anna Greenberg)</li> <li>• Improving <b>P</b>atient <b>E</b>ngagement and <b>S</b>atisfaction: Lessons from a Patient-Driven Care Initiative in a Community-Based Hospital (Lisa Shiozaki, Kirsten Burgomaster and Manon Lemonde)</li> <li>• Integrating <b>E</b>ngagement and <b>I</b>mprovement Work in a Pediatric Hospital (Mireille Brosseau, Diane Gagnon, Kristina Rohde and Jennifer Schellinck)</li> <li>• The Effect of <b>L</b>anguage on Hospital Inpatient <b>L</b>ength of <b>S</b>tay (Nirbhai Singh Pannu, Alexandra Hill-Mann and Gurwinder Gill)</li> <li>• St. Michael’s Improvement Program – A Collaborative Approach to <b>S</b>ustainable <b>C</b>ost <b>S</b>avings (Anne Trafford and Danielle Jane)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://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>• Towards <b>high-reliability organising in healthcare</b>: a strategy for building organisational capacity (Hanan J Aboumatar, Sallie J Weaver, Dianne Rees, Michael A Rosen, Melinda D Sawyer, Peter J Pronovost)</li> </ul>

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

URL	<a href="https://academic.oup.com/intqhc/advance-access?papetoc">https://academic.oup.com/intqhc/advance-access?papetoc</a>
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Implementation and evaluation of a prototype <b>consumer reporting</b> system for <b>patient safety events</b> (Saul N. Weingart; Joel S. Weissman; Karen P. Zimmer; Robert C. Giannini; Denise D. Quigley; Lauren E Hunter; M Susan Ridgely; Eric C. Schneider)</li> <li>• Determinants of <b>patient loyalty</b> to healthcare providers: An integrative review (Wei-Jiao Zhou; Qiao-Qin Wan; Cong-Ying Liu; Xiao-Lin Feng; Shao-Mei Shang)</li> <li>• RECALMIN: The association between management of <b>Spanish National Health Service Internal Medical Units</b> and health <b>outcomes</b> (Antonio Zapatero-Gaviria; Francisco Javier Elola-Somoza; Emilio Casariego-Vales; Cristina Fernandez-Perez; Ricardo Gomez-Huelgas; José Luis Bernal; Raquel Barba-Martín)</li> </ul>

## Online resources

[UK] NICE Guidelines and Quality Standards

<https://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 NG69 ***Eating disorders: recognition and treatment***  
<https://www.nice.org.uk/guidance/ng69>
- Clinical Guideline CG163 ***Idiopathic pulmonary fibrosis in adults: diagnosis and management***  
<https://www.nice.org.uk/guidance/cg163>

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