



On the Radar

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On the Radar

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Reports

Safe and Effective Staffing: the Real Picture

Helm C, Bungeroth L

London: Royal College of Nursing; 2017. p. 40.

URL	https://www.rcn.org.uk/professional-development/publications/pub-006195
Notes	This report from the UK's Royal College of Nursing looks at the issue of staffing and staffing levels. The report argues that "Guaranteed enforceable safe and effective staffing levels in all health and care settings across the UK will ensure patient safety is protected" and that these should be legislated. Further, the authors state "There is clear evidence that the right number of registered nurses leads to better outcomes and safer care. While there is no fixed nurse to patient ratio staffing levels need to change in response to the severity of a patient's illness – enforceable safe staffing levels in every health and care setting must be in place to ensure that people using services are safe, wherever they are."

Enabling professionalism in nursing and midwifery practice

Nursing and Midwifery Council

London: Nursing and Midwifery Council; 2017. p. 8.

URL	https://www.nmc.org.uk/standards/professionalism/read-report/
Notes	The UK's Nursing & Midwifery Council. Along the UK's Chief Medical Officers, launched this guide for nurses and midwives setting out what 'professionalism' can look like in everyday practice. It demonstrates how applying the values of the MNC's <i>Code: Professional standards of practice and behaviour for nurses and midwives</i> should be at the centre of all nursing and midwifery practice. For employers, it identifies key principles which will help them to provide practice environments that support and encourage professionalism among nurses and midwives.

Journal articles

Shared Decision Making in Australia in 2017

Trevena L, Shepherd HL, Bonner C, Jansen J, Cust AE, Leask J, et al

Zeitschrift fur Evidenz, Fortbildung und Qualitat im Gesundheitswesen. 2017 [epub] .

DOI	https://doi.org/10.1016/j.zefq.2017.05.011
Notes	This is a relatively short paper summarising the state of and potential for shared decision making (SDM) in healthcare in Australia. It covers some of the practice and policy developments of recent time, including how national standards encouraging the greater engagement of patient, including the use of SDM, and other levers for uptake. It also describes some of the consumer and academic activity in this area, where a number of Australian-based academics have been instrumental. The paper also identifies a number of challenges, including the clarification of core competencies in SDM, meaningful measures of SDM implementation, certification of patient decision aids or other tools, tools for vulnerable and/or multicultural populations, along with issues of sustainability.

For information on the Commission's work on shared decision making, see

<https://www.safetyandquality.gov.au/our-work/shared-decision-making/>

Trends and predicted trends in presentations of older people to Australian emergency departments: effects of demand growth, population aging and climate change

Burkett E, Martin-Khan MG, Scott J, Samanta M, Gray LC

Australian Health Review. 2017;41(3):246-53.

DOI	https://doi.org/10.1071/AH15165
Notes	Paper reporting on a retrospective analysis of data in the National Non-admitted Patient Emergency Department Care Database undertaken to assess trends in emergency department (ED) presentations. The authors report that over the period 2006–07 to 2010–11, ED presentations increased by 12.63% , whereas the Australian population over this time increased by only 7.26%. Furthermore, the rates of presentation per head of population were greatest among those aged ≥85 years . Growth in ED presentations is running ahead of population growth, especially among older people. Allied with a demographic profile that shows both increasing numbers of older people and a greater proportion of older people in the population, the authors conclude that “The predicted changes in demand for ED care will only be able to be optimally managed if Australian health policy, ED funding instruments and ED models of care are adjusted to take into account the specific care and resource needs of older people.”

Differences in risk and protective factors for workplace aggression between male and female clinical medical practitioners in Australia

Hills DJ

Australian Health Review. 2017;41(3):313-20.

DOI	https://doi.org/10.1071/AH16003
Notes	<p>Where health care is delivered needs to be safe for both patients and clinicians. This study looked at the experience and prevalence of aggression and some of the risk and protective factors. Using data from the cross-sectional, self-report study in the third wave of the Medicine in Australia: Balancing Employment and Life survey (2010–11), the analyses revealed that:</p> <ul style="list-style-type: none"> • Overall, greater proportions of female than male clinicians experienced aggression from external and internal sources in the previous 12 months • When stratified by doctor type, greater proportions of male than female general practitioners (GPs) and GP registrars experienced external aggression • A greater proportions of female than male specialists experienced external and internal aggression. <p>Using logistic regression models, differences were also identified in relation to “age for males and experience working in medicine for females with external and internal aggression; working in New South Wales (vs Victoria) and internal aggression for females; a poor medical support network and external aggression, and perceived unrealistic patient expectations with internal aggression for males; warning signs in reception and waiting areas with external aggression for males; and optimised patient waiting conditions with external and internal aggression for females.”</p>

Empirical exploration of brilliance in health care: perceptions of health professionals

Karimi L, Dadich A, Fulop L, Leggat SG, Rada J, Hayes KJ, et al.

Australian Health Review. 2017;41(3):336-43.

DOI	https://doi.org/10.1071/AH16047
Notes	<p>This qualitative study canvassed a sample of postgraduate students with professional and/or management experience within an Australian health service about their experiences of brilliant health services. The analyses identified ‘care’ as the most important concept in recognising brilliance in health care, followed by the concepts of ‘staff’ and ‘patient’.</p> <p>The authors observe that “Pockets of brilliance have been previously identified as catalysts for changing health care systems. Both quality, seen as driven from the outside, and excellence, driven from within individuals, are necessary to produce brilliance.” While recognising that “The quest for brilliance in health care is not easy but essential to reinvigorating and energising health professionals to pursue the highest possible standards of health care delivery” And that “Lessons learned from exceptionally well-delivered services contain different templates for change than those dealing with failures, errors, misconduct and the resulting negativity.”</p> <p>The paper prompts some interesting questions. How do clinicians perceive and identify brilliance (or perhaps even ‘positive deviance?’) in their peers? Would patients, carers and consumers have the same perceptions and/or metrics? Is brilliance (and/or positive deviance) associated with safer and higher quality care? How can these factors be harnessed to drive the ‘average’ care higher?</p>

Timing of surgical antimicrobial prophylaxis: a phase 3 randomised controlled trial
 Weber WP, Mujagic E, Zwahlen M, Bundi M, Hoffmann H, Soysal SD, et al
 The Lancet Infectious Diseases.17(6):605-14.

DOI	http://dx.doi.org/10.1016/S1473-3099(17)30176-7
Notes	Paper reporting on an RCT that sought to examine the question of when (and how much) prophylactic antimicrobials should be used prior to surgery. The trial compared early versus late administration of surgical antimicrobial prophylaxis (SAP) for more than 5,000 patients in two Swiss hospitals. The authors report that “Early administration of SAP did not significantly reduce the risk of SSI compared with late administration” and concluded that “Our findings do not support any narrowing of the 60-min window for the administration of a cephalosporin with a short half-life, thereby obviating the need for increasingly challenging SAP timing recommendations.”

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

A national implementation project to prevent catheter-associated urinary tract infection in nursing home residents
 Mody L, Greene M, Meddings J, et al
 JAMA Internal Medicine. 2017.

DOI	http://dx.doi.org/10.1001/jamainternmed.2017.1689
Notes	Another example of how interventions to prevent catheter associated urinary tract infections (CAUTI) can successfully scaled up and implemented. This paper reports on a large-scale prospective implementation project undertaken in community-based nursing homes in 48 states and two territories of the United States. The project was implemented over 12-month cohorts and included a technical bundle: catheter removal, aseptic insertion, using regular assessments, training for catheter care, and incontinence care planning, as well as a socio-adaptive bundle emphasizing leadership, resident and family engagement, and effective communication. From analysis of 404 community-based nursing homes the unadjusted catheter-associated UTI rates decreased from 6.78 to 2.63 infections per 1000 catheter-days . With use of the regression model and adjustment for facility characteristics, the rates decreased from 6.42 to 3.33.

Australian Health Review
 Volume 41(3) 2017

URL	http://www.publish.csiro.au/ah/issue/8490
Notes	A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include: <ul style="list-style-type: none"> • Evolution of a multilevel framework for health program evaluation (Malcolm Masso, Karen Quinsey and Dave Fildes) • Trends and predicted trends in presentations of older people to Australian emergency departments: effects of demand growth, population aging and climate change (Ellen Burkett, Melinda G Martin-Khan, Justin Scott, Mayukh Samanta and Leonard C Gray) • Costs associated with hereditary haemochromatosis in Australia: a cost-of-illness study (Barbara de Graaff, Amanda Neil, Kristy Sanderson, Kwang Chien Yee and Andrew J Palmer) • Supporting continuity of care between prison and the community for women in prison: a medical record review (Penelope Abbott, Parker Magin, Sanja Lujic and Wendy Hu)

	<ul style="list-style-type: none"> • Diabetic patient adherence to pathology request completion in primary care (Niamh Ramsay, Tracey Johnson and Tony Badrick) • The prevalence of pre-existing mental health, drug and alcohol conditions in major trauma patients (Tu Q Nguyen, Pamela M Simpson and Belinda J Gabbe) • Embedding continuous quality improvement processes in multidisciplinary teams in cancer care: exploring the boundaries between quality and implementation science (Tracy E Robinson, Anna Janssen, Paul Harnett, Kylie E Museth, Pamela J Provan, Danny J Hills and Tim Shaw) • Readiness of communities to engage with childhood obesity prevention initiatives in disadvantaged areas of Victoria, Australia (Sheila Cyril, Michael Polonsky, Julie Green, Kingsley Agho and Andre Renzaho) • New graduate transition to practice: how can the literature inform support strategies? (Alis Moores and Cate Fitzgerald) • Differences in risk and protective factors for workplace aggression between male and female clinical medical practitioners in Australia (Danny J Hills) • Clinical care ratios: quantifying clinical versus non-clinical care for allied health professionals (Cherie Hearn, Adam Govier and Adam Ivan Semciw) • Shape of allied health: an environmental scan of 27 allied health professions in Victoria (Susan A Nancarrow, Gretchen Young, Katy O'Callaghan, Mathew Jenkins, Kathleen Philip and Kegan Barlow) • Empirical exploration of brilliance in health care: perceptions of health professionals (Leila Karimi, Ann Dadich, Liz Fulop, Sandra G Leggat, Jiri Rada, Kathryn J Hayes, Louise Kippist, K Eljiz, A Smyth and J A Fitzgerald) • Subsidies to target specialist outreach services into more remote locations: a national cross-sectional study (Belinda G O'Sullivan, Matthew R McGrail and Johannes U Stoelwinder) • How shortcomings in the mental health system affect the use of involuntary community treatment orders (Edwina M Light, Michael D Robertson, Philip Boyce, Terry Carney, Alan Rosen, Michelle Cleary, Glenn E Hunt, Nick O'Connor, Christopher J Ryan and Ian H Kerridge)
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Bulletin of the World Health Organization
Volume 95, Number 6, June 2017,

URL	http://www.who.int/bulletin/volumes/95/6/en/
Notes	<p>A new issue of the <i>Bulletin of the World Health Organization</i> has been published with the special theme 'measuring quality of care'. Articles in this issue of the <i>Bulletin of the World Health Organization</i> include:</p> <ul style="list-style-type: none"> • Editorial: Measuring quality of health-care services: what is known and where are the gaps? (Margaret E Kruk, Edward Kelley, Shamsuzzoha B Syed, Finn Tarp, Tony Addison & Yoko Akachi) • Quality of care is key to tackling Mexico's diabetes emergency • Interview: Realistic medicine to improve the quality of care in Scotland • Improving the quality of hospital care for children by supportive supervision: a cluster randomized trial, Kyrgyzstan (Marzia Lazzerini, Venera Shukurova, Marina Davletbaeva, Kubanychbek Monolbaev, Tatiana Kulichenko, Yuri Akoev, Maya Bakradze, Tea Margieva, Ilya Mityushino, et al) • Variation in quality of primary-care services in Kenya, Malawi, Namibia, Rwanda, Senegal, Uganda and the United Republic of Tanzania (Margaret E Kruk, Adanna Chukwuma, Godfrey Mbaruku & Hannah H Leslie)

	<ul style="list-style-type: none"> • Quality of routine essential care during childbirth: clinical observations of uncomplicated births in Uttar Pradesh, India (Gaurav Sharma, Timothy Powell-Jackson, Kaveri Haldar, John Bradley & Véronique Filippi) • Records of medical malpractice litigation: a potential indicator of health-care quality in China (Zhan Wang, Niyong Li, Mengsi Jiang, Keith Dear & Chee-Ruey Hsieh) • A geospatial evaluation of timely access to surgical care in seven countries (Lisa M Knowlton, Paulin Banguti, Smita Chackungal, Traychit Chanthasiri, Tiffany E Chao, Bernice Dahn, Milliard Derbew, Debashish Dhar, Micaela M Esquivel, Faye Evans, Simon Hendel, Drake G LeBrun, M Notrica, et al) • Developing global indicators for quality of maternal and newborn care: a feasibility assessment (Barbara Madaj, Helen Smith, Matthews Mathai, Nathalie Roos & Nynke van den Broek) • Community-based approaches for neonatal survival: meta-analyses of randomized trial data (Claudia Hanson, Sanni Kujala, Peter Waiswa, Tanya Marchant & Joanna Schellenberg) • Quality of care: measuring a neglected driver of improved health (Yoko Akachi & Margaret E Kruk) • Maternal and neonatal services in Ethiopia: measuring and improving quality (Maureen E Canavan, Marie A Brault, Dawit Tatek, Daniel Burssa, Ayele Teshome, Erika Linnander & Elizabeth H Bradley) • Changing the narratives for patient safety (Peter J Pronovost, Kathleen M Sutcliffe, Lopa Basu & Mary Dixon-Woods)
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Online resources

[USA] *Quality Improvement Essentials Toolkit*

<http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

The (US) Institute for Healthcare Improvement has recently updated 10 of the most popular quality improvement tools and packaged them in a new QI Essentials Toolkit. Each of the ten tools in the toolkit includes a short description, instructions, an example, and a blank template. The site also includes other resources, including how-to videos. Tools available include Cause and Effect Diagram, Driver Diagram, Failure Modes and Effects Analysis (FMEA), Flowcharts, Histograms, Pareto Chart, PDSA Worksheet, Project Planning, Run Charts, Control Charts and Scatter Diagrams.

[UK] *NICE Guidelines and Quality Standards*

<https://www.nice.org.uk>

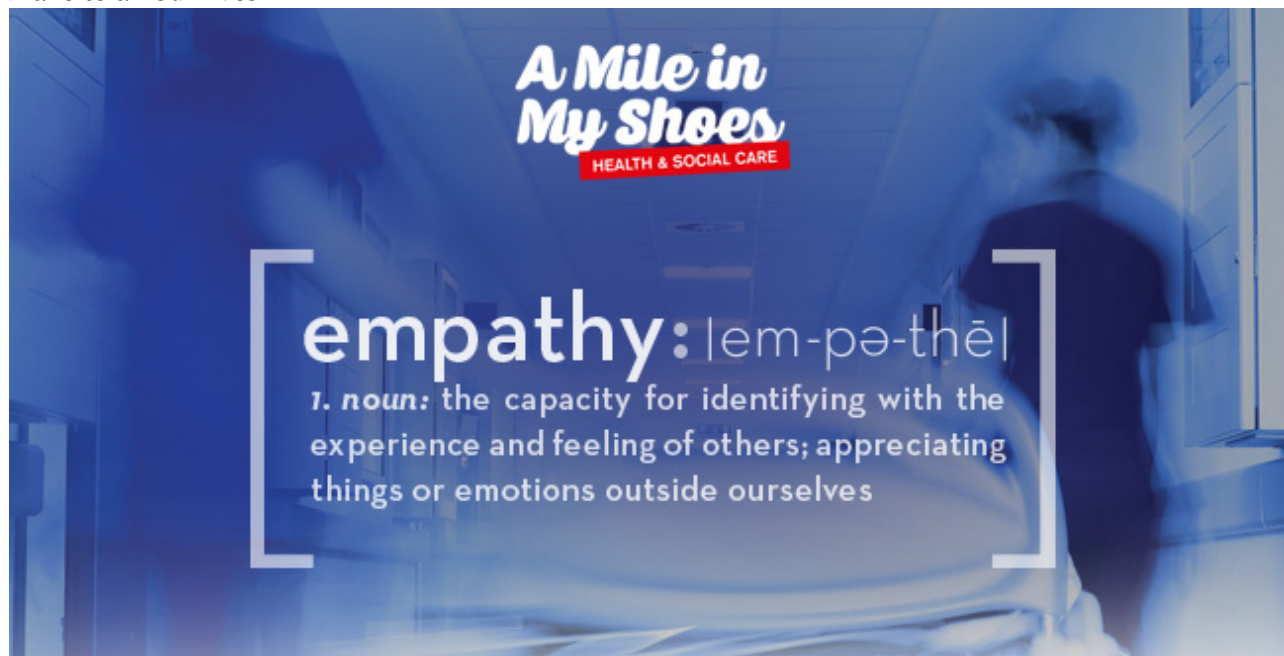
The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest updates are:

- Quality Standard QS150 **Haematological cancers** <https://www.nice.org.uk/guidance/qs150>

[UK] 'A mile in my shoes'

<http://listen.health.org.uk/>

The UK's Health Foundation commissioned this site to capture a range of stories about and from healthcare. A Mile in My Shoes invites you to experience the world from the shoes of someone else and listen to their story. This collection of audio stories from people (professionals, clinicians, patients and carers) across health and social care showcases the extraordinary contribution and difference people make to all our lives.



[USA] Effective Health Care Program reports

<https://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:

- *Diagnosis, Prevention, and Treatment of **C. difficile**: Current State of the Evidence*
<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2476>
- *Interventions Targeting Sensory Challenges in Children With **Autism Spectrum Disorder** (ASD)—An Update*
<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2439>
- *Medical and Sensory-Related Therapies for Children with **Autism Spectrum Disorder**—An Update*
<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2472>

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