



On the Radar

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On the Radar

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Survey on the first *Australian Atlas of Healthcare Variation*

The Australian Commission on Safety and Quality in Health Care launched the first *Australian Atlas of Healthcare Variation* in November 2015. It presented a picture of substantial variation in healthcare use across Australia in areas such as antibiotic prescribing, surgical procedures, mental health and diagnostic services.

The Commission is inviting researchers, clinicians, health service managers and other stakeholders to share feedback about the impact of the Atlas by completing a short survey. The survey is examining awareness of the Atlas, the extent to which it has led to further research and whether it has influenced tangible changes in the health system.

The survey consists of 5 questions and should just a few minutes to complete. You can access the survey at <https://www.surveymonkey.com/r/ausatlasofhealthcarevariation>

Australian Atlas
of Healthcare
Variation

2017



Reports

Antimicrobial use in Australian hospitals: 2015 annual report of the National Antimicrobial Utilisation Surveillance Program

SA Health and Australian Commission on Safety and Quality in Health Care

Sydney: ASCQHC, 2017.

URL	https://www.safetyandquality.gov.au/publications/antimicrobial-use-in-australian-hospitals-results-of-the-2015-national-antimicrobial-prescribing-survey/
Notes	<p>The latest annual report into antimicrobial use in Australian hospitals has been released. This report is the 2015 annual report of the National Antimicrobial Utilisation Surveillance Program (NAUSP). NAUSP is a part of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. NAUSP is administered by SA Health.</p> <p>The 2015 NAUSP annual report shows the use of antibacterials in hospitals fell by 7.6% between 2011 and 2015, a sign that efforts to encourage more appropriate use of antimicrobials are having an effect.</p> <p>The NAUSP report shows that among the 159 hospitals contributing data to the program, there were 916.4 defined daily doses (DDDs) of antibiotics given to patients per 1,000 occupied bed days (OBDs) in 2015. This was 2% lower than the previous year, and 7.6% lower than the rate of 992.4 per 1,000 OBDs recorded in 2011, when 69 hospitals were contributing data to the program.</p> <p>Twenty antibacterials accounted for 93% of those dispensed in Australian hospitals in 2015. These were amoxicillin-clavulanate, cefazolin, amoxicillin, flucloxacillin, doxycycline, cefalexin, piperacillin–tazobactam, ceftriaxone, metronidazole, azithromycin, benzylpenicillin, gentamicin, ciprofloxacin, vancomycin, sulfamethoxazole–trimethoprim, meropenem, trimethoprim, roxithromycin, clindamycin, and clarithromycin.</p> <p>Use of highly reserved antibacterials such as colistin, daptomycin, linezolid and tigecycline – usually considered the last line of defence when treating bacterial infections – is very low, at less than 5 DDDs per 1,000 OBDs in most contributing hospitals.</p> <p>There is marked variation in usage rates within and between states and territories and hospital peer groups, indicating that there is opportunity for further improvement in antimicrobial stewardship.</p> <div data-bbox="331 1422 1241 2042"> <p style="text-align: center;">Antimicrobial use in Australian Hospitals in 2015</p> <p>Antibacterial use in Australian hospitals continues to decline.</p> <p>Total hospital antibacterial use declined by 7.6% between 2011 and 2015.</p> <p>Use of antimicrobials in hospitals is higher than Sweden and the Netherlands, but lower than Denmark.</p> <p>10 antibacterials account for 72.4% of use in Australian hospitals.</p> <p>The 5 most commonly used antimicrobials in hospitals were:</p> <ul style="list-style-type: none"> • amoxicillin-clavulanate • cefazolin • amoxicillin • flucloxacillin • doxycycline. <p>Source: National Antimicrobial Utilisation Surveillance Program</p> <p>AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</p> <p>AURA</p> </div>

A European One Health Action Plan against Antimicrobial Resistance (AMR)

European Commission

Brussels: European Commission; 2017. p. 24.

URL	https://ec.europa.eu/health/amr/action_eu_en
Notes	<p>The European Commission recently released this updated action plan addressing antimicrobial resistance (AMR). The action plan takes a One Health approach and addresses AMR in bacteria from humans, animals and in the environment (as does the Australian AMR plan).</p> <p>The specific actions included in the plan build on three pillars:</p> <ol style="list-style-type: none"> 1. Making the EU a best practice region 2. Boosting research, development and innovation: 3. Shaping the global agenda. <p>The European Commission is also launching EU guidelines on the prudent use of antimicrobials in human health. These guidelines are based on a proposals prepared by the European Centre for Disease Prevention and Control with input from EU Member States experts and stakeholders.</p>

For information the Commission’s work on antimicrobial use and resistance in Australia, see

<https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/>

Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health

Long P, Abrams M, Milstein A, Anderson G, Lewis Apton K, Lund Dahlberg M, et al., editors

Washington D. C.: National Academy of Medicine; 2017.

URL	https://nam.edu/effective-care-for-high-need-patients/
Notes	<p>According to this report from the [US] National Academy of Medicine, “the top 1 percent of patients account for more than 20 percent of health care expenditures, and the top 5 percent account for nearly half of the nation’s spending on health care”. The National Academy of Medicine, with guidance from an expert planning committee, was tasked with convening three workshops and summarizing the presentations, discussions, and the relevant literature. This resulting document, reports and reflects on the following issues:</p> <ul style="list-style-type: none"> • Key characteristics of high-need patients • Use of a patient categorization scheme—or a taxonomy—as a tool to inform and target care • Promising care models and attributes to better serve this patient population, as well as insights on “matching” these models to specific patient groups • Areas of opportunity for policy-level action to support the spread and scale of evidence-based programs. The publication concludes by exploring common themes and opportunities for action in the field. <p>The Academy argues that “Improving care for high-need patients is not only possible—it also contributes to a more sustainable health system. But progress will take a coordinated effort from policy makers, payers, providers, and researchers, as well as patients and their loved ones.”</p> <p>Included in the additional resources on the web page is an Executive Summary, Key points and the <i>Characteristics of Successful Care Models for High-Need Patients</i> document.</p>

Evaluating Complex Health Interventions: A Guide to Rigorous Research Designs

Coly A, Parry G

Washington DC: AcademyHealth; 2017. p. 29.

URL	http://www.academyhealth.org/evaluationguide
Notes	Perhaps the more difficult aspects of an intervention or innovation in health care are the implementation and evaluation. This short (29-page) guide offers some suggestions on possible project/research designs that permit clearer evaluation of the intervention. The guide includes flowcharts to suggest which designs are better suited to the question or intervention being studied. The guide is aimed at program managers and other stakeholders implementing innovations in public health and community settings who are involved in evaluation but may not themselves be evaluators. The evaluation designs covered included a mix of experimental, quasi-experimental and observational designs. For each design there is an illustrated description, examples, discussion of strengths and weaknesses and more, including discussion of the compromises involved in design selection.

Journal articles

Embedding cultural safety in Australia's main health care standards

Laverty M, McDermott DR, Calma T

Medical Journal of Australia. 2017;207(1):15-6.

DOI	http://dx.doi.org/10.5694/mja17.00328
Notes	This article describes a relatively new way of framing cultural awareness in healthcare interactions as an aspect of patient safety – described as cultural safety. The authors argue that cultural safety should be embedded in key standards for healthcare delivery, and provide strong evidence that the health outcomes for Aboriginal Australians are harmed by a lack of meaningful cultural consideration as part of both the clinical encounter and service delivery. For example Aboriginal and Torres Strait Islander people with Acute Coronary Syndromes (ACS) are less likely to achieve optimum interventions, a fact that has been acknowledged by the National Heart Foundation in a 2014 position statement.

At the request of the National Aboriginal and Torres Strait Islander Health Standing Committee, the Commission undertook a project to improve the care provided to Aboriginal and Torres Strait Islander people in mainstream health service organisations, using the framework of the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards (second edition) includes six actions specifically relating to Aboriginal people, including one on cultural competence. For further information, see <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/improving-care-for-aboriginal-and-torres-strait-islander-people/>

Advancing infection prevention and antimicrobial stewardship through improvement science

Leis JA

BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2017-006793
Notes	This viewpoint piece discusses the “gap between best practices in IP/ASP 9 [infection prevention and Antimicrobial Stewardship Programs] and what happens in reality”. While recognising that extensive efforts in these areas have delivered improvement Leis argues for a focus on “structural changes, fostered by more collaboration between content experts in IP/ASP and those with training in improvement science. New systems that promote a ‘work smarter, not harder’ approach...are more likely to lead to sustainable IP/ASP improvements, and to achieve the quadruple aim: enhanced patient experience, improved outcomes, decreased cost of care, and increased fulfilment of healthcare providers.”

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

Home-to-Home Time — Measuring What Matters to Patients and Payers

Barnett ML, Grabowski DC, Mehrotra A

New England Journal of Medicine. 2017;377(1):4-6.

Patient-Reported Outcomes — Are They Living Up to Their Potential?

Baumhauer JF

New England Journal of Medicine. 2017;377(1):6-9.

DOI	Barnett et al http://dx.doi.org/10.1056/NEJMp1703423 Baumhauer http://dx.doi.org/10.1056/NEJMp1702978
Notes	<p>A pair of pieces in the <i>New England Journal of Medicine</i> that start from the premise of measuring what patients want and value.</p> <p>The first, by Barnett and colleagues, reviews the importance placed on the length of stay and what might actually be in the patient’s best interests before moving to argue for a metric of home-to-home. They suggest “Using a home-to-home framework will also encourage health systems to start measuring a wider selection of outcomes for individual episodes of care” and that this “shifting the conversation from length of hospital stay to home-to-home time could drive meaningful conversation about how to reconcile new payment models, efficiency of care, and the goal of improving patient care.”</p> <p>Baumhauer, in a not dissimilar vein, ponders the emergence and spread of patient-reported outcome measures (PROMs – or PROs as Baumhauer uses) and notes that “there are still important practical questions about how data on these outcomes should be collected, visualized, shared, and used to improve the quality of care.” Baumhauer discusses the experience of a US teaching hospital’s orthopaedic surgery department in developing and implementing their Patient-Reported Outcomes Measurement Information System (PROMIS). This experience add to the argument that these measures have great utility. “PROs are already helping to improve patient care. By mastering the efficient measurement of these outcomes in the clinic, minimizing the reporting burden for patients, displaying PRO information at the point of care, and using outcomes predicted from population-level data to inform patient expectations, we can continue to ensure their benefits. Such a strategy allows us to help surgeons identify areas where they need improvement, eliminate procedures with less favorable outcomes, and avoid performing surgeries on patients who are unlikely to benefit from them. It also enhances patient satisfaction with care by helping physicians set appropriate expectations regarding a patient’s return to work, school, or sports. Most important, PROs place the patient’s voice at the forefront of health care delivery.”</p>

Health Affairs

1 July 2017; Vol. 36, No. 7

URL	http://content.healthaffairs.org/content/36/7.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme ‘Advanced Illness & End-Of-Life Care’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Editorial: Advanced Illness And End-Of-Life Care (Alan R Weil) • DataGraphic: Advanced Illness & End-Of-Life Care • Advance Care Planning With Alzheimer’s: A Tortuous Path (R Gale) • Epidemiology And Patterns Of Care At The End Of Life: Rising Complexity, Shifts In Care Patterns And Sites Of Death (Melissa D Aldridge and Elizabeth H Bradley)

- A National Profile Of **End-Of-Life Caregiving** In The United States (Katherine A Ornstein, Amy S Kelley, Evan Bollens-Lund, and J L Wolff)
- Medicare Beneficiaries With **Advanced Lung Cancer** Experience **Diverse Patterns Of Care** From Diagnosis To Death (Megan S. Schuler, Nina R. Joyce, Haiden A. Huskamp, Elizabeth B. Lamont, and Laura A. Hatfield)
- Analysis Of **End-Of-Life Care**, Out-Of-Pocket Spending, And Place Of Death In 16 European Countries And Israel (Martina Orlovic, Joachim Marti, and Elias Mossialos)
- **End-Of-Life Medical Spending In Last Twelve Months Of Life** Is Lower Than Previously Reported (Eric B. French, Jeremy McCauley, Maria Aragon, Pieter Bakx, Martin Chalkley, Stacey H Chen, Bent J Christensen, Hongwei Chuang, Aurelie Côté-Sergent, Mariacristina De Nardi, Elliott Fan, Damien Échevin, Pierre-Yves Geoffard, Christelle Gastaldi-Ménager, Mette Gørtz, Yoko Ibuka, John B Jones, Malene Kallestrup-Lamb, Martin Karlsson, Tobias J Klein, Grégoire de Lagasnerie, Pierre-Carl Michaud, Owen O'Donnell, Nigel Rice, Jonathan S Skinner, Eddy van Doorslaer, N R Ziebarth, and E Kelly)
- **Disparities In Cancer Care And Costs At The End Of Life:** Evidence From England's National Health Service (Brendan Walsh and Mauro Laudicella)
- Challenges Of Measuring **Quality Of Community-Based Programs For Seriously Ill Individuals** And Their Families (Joan M. Teno, Rebecca Anhang Price, and Lena K. Makaroun)
- Applying Quality Indicators For Administrative Databases To **Evaluate End-Of-Life Care For Cancer Patients** In Belgium (Robrecht De Schreye, Tinne Smets, Lieven Annemans, Luc Deliens, B Gielen, C De Gendt, and J Cohen)
- Approximately One In Three US Adults Completes Any Type Of **Advance Directive For End-Of-Life Care** (Kuldeep N Yadav, Nicole B Gabler, Elizabeth Cooney, Saida Kent, Jennifer Kim, Nicole Herbst, Adjoa Mante, Scott D Halpern, and Katherine R Courtright)
- Challenges In Understanding And Respecting **Patients' Preferences** (Amber E Barnato)
- A Systematic Intervention To Improve **Serious Illness Communication In Primary Care** (Joshua R Lakin, Luca A Koritsanszky, Rebecca Cunningham, Francine L Maloney, Brandon J Neal, Joanna Paladino, Marissa C Palmor, Christine Vogeli, T G Ferris, S D Block, A A Gawande, and R E Bernacki)
- A **National Strategy For Palliative Care** (Diane E Meier, Anthony L Back, Amy Berman, Susan D Block, Janet M Corrigan, and R Sean Morrison)
- Increasing **Veterans' Hospice Use:** The Veterans Health Administration's Focus On Improving End-Of-Life Care (Susan C Miller, Orna Intrator, W Scott, S T Shreve, C S Phibbs, B Kinosian, R M Allman, and T E Edes)
- **Black And Hispanic Patients** Receive **Hospice Care** Similar To That Of White Patients When In The Same Hospices (Rebecca Anhang Price, Layla Parast, Ann Haas, Joan M Teno, and Marc N Elliott)
- A Positive Association Between **Hospice Profit Margin** And The Rate At Which Patients Are **Discharged** Before Death (Rachel Dolin, G. Mark Holmes, Sally C. Stearns, Denise A. Kirk, Laura C. Hanson, Donald H. Taylor, Jr., and Pam Silberman)
- CMS Strategies To Reduce **Antipsychotic Drug Use In Nursing Home Patients** With Dementia Show Some Progress (J A Lucas and J R Bowblis)
- **Getting It Right At The End Of Life** (Dina Keller Moss)

URL	http://journals.lww.com/jhqonline/toc/2017/07000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Communication Access for Deaf People in Healthcare Settings: Understanding the Work of American Sign Language Interpreters (Olson, Andrea M.; Swabey, Laurie) • Patient Needs, Required Level of Care, and Reasons Delaying Hospital Discharge for Nonacute Patients Occupying Acute Hospital Beds (Afilalo, Marc; Xue, Xiaoqing; Soucy, Nathalie; Colacone, Antoinette; Jourdenais, Emmanuelle; Boivin, Jean-François) • Attitudes and Beliefs Regarding the Utility of Robotically Assisted Gynecologic Surgery Among Practicing Gynecologists (Wright, Jason D.; Raglan, Greta B.; Schulkin, Jay; Fialkow, Michael F.) • Collection of Patients' Disability Status by Healthcare Organizations: Patients' Perceptions and Attitudes (Morris, Megan A.; Schliep, Megan; Liesinger, Juliette; Cameron, Kenzie A.) • Assessing Estimates of Patient Safety Derived From Coded Data (Narain, Wazim) • Intraoperative Handoffs and Postoperative Complications Among Patients Undergoing Gynecologic Oncology Operations (Doll, Kemi M.; Lavery, Jessica A.; Snavelly, Anna C.; Gehrig, Paola A.) • An Assessment of the Quality Oncology Practice Initiative: Lessons Learned From a Detailed Assessment of a Well-Established Profession-Based Performance Measurement Program (Barysaukas, Constance M.; Dalby, Carole K.; Catalano, Paul J.; Jacobson, Joseph O.) • A Comprehensive Approach to Pediatric Pneumonia: Relationship Between Standardization, Antimicrobial Stewardship, Clinical Testing, and Cost (Rutman, Lori; Wright, Davene R.; O'Callaghan, James; Spencer, Suzanne; Lion, K. Casey; Kronman, Matthew P.; Zhou, Chuan; Mangione-Smith, Rita) • Healthcare Affiliation Networks: A Unique Quality Partnership to Aid in Making Communities Healthier (Frush, Karen; Phillips, Harry; Nordlund, Cynthia; Holman, Russell)

URL	http://www.longwoods.com/publications/healthcarepapers/25077
Notes	<p>The most recent issue of <i>Healthcare Papers</i> has the theme 'A Blueprint for Innovation to Achieve Health System Transformation'. Articles in this issue of <i>Healthcare Papers</i> include:</p> <ul style="list-style-type: none"> • Getting to Now: The Challenge of Stimulating Innovation in Complex Systems (Adalsteinn D Brown and William Charnetski) • A Blueprint for Innovation to Achieve Health System Transformation (Anne W Snowdon) • Health-System Innovation: Lessons from Tobacco Control (John M Garcia) • Shifting Paradigms in Canadian Healthcare to Support the Scale and Spread of the Innovation Ecosystem (Sarah Padfield) • Transforming Healthcare Through Technology (Richard Barker and Tara Donnelly)

	<ul style="list-style-type: none"> • Quality and Innovation: Redesigning a Coordinated and Connected Health System (Peter W Vaughan) • The Drive towards Sustainable Health Systems Needs an Alignment: Where are the Innovations in Health Systems Planning? (Gail Tomblin Murphy, Stephen Birch, Adrian MacKenzie, Janet Rigby and Mary Ellen Purkis) • Creating Value in Healthcare: The Need for Innovative Solutions (Dave Williams, Helena Hutton and Gary Ryan) • Key Conditions for Successful Serial Entrepreneurship in Healthcare (Cameron Piron) • Health System Transformation through a Scalable, Actionable Innovation Strategy (Anne W Snowdon)
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BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Effects of the I-PASS Nursing Handoff Bundle on communication quality and workflow (Amy J Starmer, Kumiko O Schnock, Aimee Lyons, Rebecca S Hehn, Dionne A Graham, Carol Keohane, Christopher P Landrigan) • Advancing infection prevention and antimicrobial stewardship through improvement science (Jerome A Leis) • Local emergency medical response after a terrorist attack in Norway: a qualitative study (Aleidis S Brandrud, Michael Bretthauer, Guttorm Brattebø, May JB Pedersen, Kent Håpnes, T Bjorge, B Nyen, L Strauman, A Schreiner, K Møller, G S Helljesen, M Bergli, E Nelson, T S Morgan, P Hjortdahl)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-access?papetoc
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"> • Organizational and managerial factors associated with clinical practice guideline adherence: a simulation-based study in 36 French hospital wards (Florence Saillour-Glénisson Marion Kret Sandrine Domecq Matthieu Sibé Valentin Daucourt Virginie Migeot David Veillard Philippe Michel)

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 reviews or updates are:

- NICE Guideline NG70 **Air pollution: outdoor air quality and health**
<https://www.nice.org.uk/guidance/ng70>

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